# THE MEDICAL FORTNIGHTLY

Vol. XXXIII ST. LOUIS, JUNE 10, 1908. No. 11

Papers for the original department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

**COLLABORATORS.**

ALBERT ABRAMS, M. D., San Francisco.
CHARLES W. BURR, M. D., Philadelphia.
S. GROVER BURNETT, M. D., Kansas City.
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R EDWARDS, M. D., Chicago, Ill.
FRANK R. FRY, M. D., St. Louis
RICHARD T. HEWLETT, M. D., London, England.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
CHARLES JEWETT, M. D., Brooklyn.
THOMAS LINN, M. D., Nice, France.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FERD C. VALENTINE, M. D., New York.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M. D., LL. D., New York
H. M. WHELPLEY, M. D., St. Louis.
WM. H WILDER, M. D., Chicago, Ill.
FRANK P. NORBURY, M. D., Jacksonville, Ill.

## LEADING ARTICLES

### A PLEA FOR THE PROMPT USE OF RETROGRADE CATHETERIZATION IN THE SURGICAL TREATMENT OF IMPASSABLE STRICTURE OF THE MALE URETHRA.*

ERNST JONAS, M. D.

ST. LOUIS.

SINCE the introduction of asepsis into surgery, the gradual improvement in results has depended on improvement in technique, but still more on the timeliness of surgical interference. Surgeons and gradually the laity recognized that the salvation of the patient lay in timely operations. Take appendicitis and gall-stone operations, for example. As long as we operated only when the condition of the case absolutely demanded surgical interference, for perforation of a gangrenous appendix, for instance, or for stone in the common duct with pancreatitis, or for perforation of a gangrenous gall-bladder, the mortality was appalling and patients justly considered such operations as almost certainly fatal. That era is now past. Physicians and surgeons have learned to recognize the pathological conditions of these organs at such early stages, that at present in comparison with the number of cases operated on for appendix and gall-bladder troubles, we see cases so far advanced but seldom. We have learned to prevent the occurrence of these dangerous conditions, we have by such timely interference made the dangers of operation almost nil, preventing at the same time secondary complications no longer curable by an otherwise successful operation.

Not in every field of surgery, however, has a like rapid progress been made. In the methods of treating benign strictures of the urethra there has been in my opinion an unjustifiable lack of progress. Searching for possible reasons, I have come to the conclusion that the want of surgical training in a good many of the older genito-urinary physicians and the patient's dread of any operation on the penis have been the main obstacles to the furtherance of surgical principles in this field. Since the present generation of genito-urinary surgeons, however, performs operations as extensive and as dangerous as those of any other branch of surgery, there is, I believe, no reason why the old, so-called conservative, method of treatment of strictures of the male urethra should not be abandoned in favor of the more surgical procedure. The patient's fear of an operation on the penis can usually be easily overcome, if it is explained with proper tact, that the operative treatment results in more permanent benefit than the old method of treatment with bougies.

To my mind, the treatment of strictures with sounds should be reserved for strictures of moderate size frequently called of large caliber. For strictures of small caliber and strictures admitting only a filiform bougie, urethrotomy is better, preferably external urethrotomy (except in strictures of the pendulous urethra, when internal urethrotomy may be chosen). The dangers of long continued introductions of bougies are not to be underestimated, and this kind of treatment needs such frequent repetition, that patients so treated virtually remain patients for life.

From my experience with this so-called conservative method of dealing with strictures of the urethra, as compared with external urethrotomy, I am heartily in favor of urethrotomy in all cases, in which the urethra cannot very easily be kept open by bougies, or in cases, where there is pain, or annoying nervous symptoms, even when it is possible to pass a sound of normal size. In order to obtain good permanent results, it is of course advisable to completely excise all scar-tissue.

*Read before the Urologic Section of the St. Louis Medical Society, March 17, 1908.

Only then is there hope for a fairly complete cure. It is my belief that there is much less tendency for new contracture after complete removal of the old scar-tissue than after the most complete dilatation with bougies. Even after thorough urethrotomy, however, it is advisable to test the urethra by the occasional introduction of a good sized bougie.

In cases of impassable stricture of the male urethra, there is much less difference of opinion as to the method of treatment. All physicians agree that, in this class of cases, operative interference is the only method of treatment advisable, even in those cases of pervious stricture in which the patient is yet able, with more or less difficulty, to empty the bladder. Objection might be made that in these cases only want of skill interferes with the successful introduction of a filiform bougie. Usually, however, when a case of this kind comes under our care, there have already been repeated attempts made to pass a sound through the stricture, resulting in numerous false passages. These latter prevent the successful introduction of a filiform bougie.

Simple as is the operation of external perineal urethrotomy with guide, so difficult may it be, when undertaken of necessity without guide. Besides, at this stage, the patient's bladder and kidneys have often suffered permanent damage. In these cases, in which it is impossible to pass a filiform bougie through the stricture, an attempt may be made to find the proximal opening from the perineal incision. Occasionally the surgeon may be more fortunate in his search than can reasonably be expected and may find the proximal end of the urethra. It is not advisable, in my opinion, however, to make the search a prolonged one, because frequently the exceedingly small opening in the strictured portion of the urethra can be found only with the greatest difficulty, if at all, and in the search a great amount of tissue is destroyed. If, therefore, after a reasonable attempt, the posterior end of the urethra is not found, not much time should be spent looking for it. The bladder should be opened above the pubis, and a sound passed through the bladder to the perineum (retrograde catheterization). The point of this sound acts as a guide and makes incision of the urethra easy. With this guide, it will then be possible to slit open the urethra. The wound of the bladder and the abdominal incision is closed at once, the prevesical tissue being safeguarded by the introduction of a small cigarette or tubular drain.

I have lately operated on two cases of impassable stricture of the male urethra, using this method of retrograde catheterization, without a long hunt for the proximal end of the urethral canal. Both patients made a quick and complete recovery. In one case there was no leakage from the abdominal incision at all; in the other case, just a moderate amount for a very few days. In each case, a catheter was introduced from the wound into the bladder, and kept there for three days. After this the catheter was passed through the entire length of the urethra into the bladder, and the wound was permitted to heal around the catheter. The perineal wound closed in one case in three, in the other in four weeks after the operation.

The arguments for retrograde catheterization in the treatment of impassable stricture of the urethra hold good also for rupture of the urethra. If the proximal end of the urethra is not easily found, retrograde catheterization should be employed and should take the place of the Cox operation.

To repeat in brief, I desire to emphasize the advisability of early external urethrotomy in benign strictures of the male urethra and to urge the prompt use of retrograde catheterization in impassable strictures.

465 N. Taylor Ave.

---

Ohio Medical Registration.— The twelfth annual report of the Ohio Board of Medical Registration and Examination shows that during the year there were 175 certificates issued to physicians and surgeons after examination, and 48 by reciprocity. New York and Vermont were included among those reciprocating with Ohio in medical licensure. Two hundred and seventy-five certificates to medical colleges were issued and 32 prosecutions instituted. A resolution looking toward the revocation of licenses of physicians who advertise fraudulently was adopted by the board.

Historical Notes on Trusses.—It is believed that the earliest known reference to the treatment of hernia by a sort of truss is to be found in Celsus, who lived in Rome about the year one of the present era. The bandage which Celsus described as useful in the treatment of hernia was a belt of canvas with a linen pad at one end. The pad was applied to the hernia, and the bandage placed firmly around the loin. In the twelfth century Constantine suggested a leather bandage in the place of canvas. Ambrose Pare, about 1550, wrote on the mechanical treatment of rupture. Fabrie, a German anatomist, devised an instrument of flexible iron with a screw pressure, for the same purpose. Trusses with steel springs were used in Paris before the end of the seventeenth century.

## VISITING FAR CATHAY.

ROBERT G. ECCLES, M. D.

BROOKLYN, N. Y.

EIGHTH LETTER.

WHEN the history of civilization comes to be written from an evolutionary standpoint China will supply much of the foundation data. It was all very well for Tennyson to say: "Better fifty years of Europe than a cycle of Cathay," but the fact nevertheless remains that to that country we owe many of the suggestive ideas that have led us to our present position of civilized greatness. When our fathers were in a condition of semi-savagery China was about as far advanced as it is today. Unfortunately for it and for its people, the conservative element became so strong that it throttled further progress and left the nation sessile for over a millenium. The tendency to repudiate new ideas and to adhere to those of our fathers is quite as strong among some Americans as it is among the Chinese, but fortunately for us we have a large sprinkling of men who are capable of independent thought, and who refuse to allow their brains to be moulded entirely by the popular pattern. In seeing China with Western eyes the lessons that we can derive from its study will be the greater if we keep clearly before us the fact that as it now is we once were. In medical matters it is only necessary for us to go back a few generations in order to find our forebears practicing what was practically the same kind of mummeries for the cure of diseases as they now do. Until Europe and America were emancipated from the sentiment that looked upon a human corpse as something awfully sacred, and that ought not to be defiled by the scalpel of the anatomist we made no progress of any importance. As long as it was deemed as great a crime to dissect as to murder, medical science had to take a back seat, and as long as medicine was hindered all true progress was arrested. To the credit of the medical profession it must be said that the vast majority of the fertilizing ideas which brought progress were born within the minds of men who bore the degree of M. D. This is not only true for medicine and physiology, but it is equally true of physics, chemistry, botany, zoology, geology, and paleontology. Even astronomy would cut a sorry figure if the contributions made to that science by medical men were removed. The static condition of China can be clearly traced to the lack of initiative displayed by those who practice the healing art among the people. A careful study of this condition, as it exists today, will give us a key to some of our own unsolved problems, by reason of its contrasts with ours.

### PECULIARITIES OF THE YELLOW MAN AND HIS COUNTRY.

Our visit to China included calls at Hong Kong, Canton, Maceo, Shanghai, Nankin, Hankow, Pekin, Nankou, Tientsin, Shan-Hai-Kwan, Nieu-Schwang, Dalny, and Port Arthur. This included a long steamboat trip of over 600 miles into the interior of the country and another long overland trip from Hankow to Pekin of 900 miles by rail. Following this was still another round-about railway journey into Manchuria and the Liao-Tung Peninsula of over 500 miles. These several trips gave us a fair opportunity of seeing the various parts of the country and studying the differences in the people inhabiting them. Each province of China speaks a different dialect and differs from the rest in many minor particulars. We passed through nearly a dozen of these provinces that are politically related much as our States are to each other. For several days at a time we saw no whites except those travelling with us. Everywhere the long queue and sallow face were in evidence, but it was easy to detect a marked difference in the features of the people at points remote from each other. The sail up the Yangtszekiang and the crossing of miles of sand bars on the Hoang Ho, added zest to our inland experiences. Most of the country between Hankow and Pekin is much like that of Illinois, but it differs materially from Illinois in that there are no fences, no wide roads, miles on miles of poppy fields rich in colored blossoms, and not a sign of a weed of any kind, through hundreds of miles of territory. The perfect cleanness of the crops of all kinds was a remarkable revelation. There is nothing like it in any other part of the world. The only division lines visible were those made by the different kinds of crops.

### SUPERSTITION AND REVERENCE.

In every direction, through all the fields, could be seen the graves of the dead. Sometimes one or a few graves were together and at other times a group of them stood alone surrounded by a few trees. All the villages were likewise surrounded by trees in a similar manner. Crops were planted up close to the graves and up close to the shade trees of the houses. In those scattered graves we find the secret of China's degeneracy and China's weakness. Radiating from these is all the light that the average Chinaman is ever willing to allow entrance to his brain. Every

grave is a shrine and every shrine a sanctuary. His ancestors are his gods and to their spirits his prayers incessantly ascend. It is curious to note how the shapes of the graves of all the world vary step by step, according to the greatness of the dead person, until they approach in appearance the church, the temple and the cathedral. The transition can be traced by beginning with those of China and comparing with those of India, Egypt, Turkey, and Europe. The Chinaman accepts every grave as a shrine and place of worship because his ancestors inhabit them. Farther west and the worship continues, but the idea of the grave is almost or quite lost. To the Chinaman it is the central idea of his philosophy and the ruling thought of his entire life. He believes that he is in incessant danger from the spirits of demons and of

Chinese Funeral, Shanghai.

enemies. Like our fathers he considers it a sacrilege to do anything that is likely to disturb the peace of the dead. The same spirit that made it so dangerous for doctors to dissect in America, makes it dangerous to injure a grave in China. The chief opposition to railways is their trespassing on the rights of the dead. The bitter hatred toward white men is due to the lack of reverence to their ancestors as seen in these railways and in the high buildings that Europeans erect. The former desecrate the graves and thus bring ill luck upon the people and the latter by exceeding 99 feet obstruct the passage of all good spirits who come to bless them and only allow passage-way for demons.

All walls, temples, and houses must stop at 99 feet for the celestial path over which angels walk is exactly 100 feet from the ground. In Pekin every pavilion surmounting the city walls stops short at 99 feet. In no Chinese city are high buildings erected. The Pagodahs that are seen on hills and along rivers sometimes reach to or exceed the hundred feet, but these are looked upon as some sort of conductor of blessings from the good spirits. They are all very old and are believed to have been erected by the early Brahmin missionaries as depositories of the relics of saints. To present Chinamen they are conductors of good luck to the regions surrounding them. They are always either 7, 9, 11, or 13 stories high. None are known to contain an even number of stories. Each story is supposed to represent an open, sacred Brahminical umbrella and the more stories up to 13, the greater the amount of "merit" the edifice is supposed to bring to all the region over which they can be seen. Most of them are nine stories or less. They are all going to ruin, as nothing is being done to preserve them. But the pagodahs are not the only sources of good luck for the Chinese. They have numerous temples to which they resort in order to pray for this article. The early Portuguese called these Dios Houses, i. e. god houses. Later European visitors corrupted this to Joss Houses, because the Portuguese pronunciation of Dios sounded like Joss. Nor do the Joss houses exhaust their resources as places for praying for good luck. A walk through any native business street in Canton, Nankin, Shanghai, or Pekin will reveal the fact that every store has its own shrine.

### DOCTORS AND DEVOTION.

Imagine an altar for prayers attached to every place of business in our American cities and the reader will have some sort of an idea of a Chinaman's faith in and devotion to his religion. Here they pray for good business, good health and general good times rather than for their soul's salvation. When sick they have more faith in prayers than in science. The priests have supplemented the prayers with lotions and potions and have instructed them in a ritual that is calculated to draw fees out of them in a way that is certain and not aggravating. They have taught the supplicants for health and wealth to buy fragrant joss sticks and paper representatives of money that must be burnt before the altars to propitiate the spirits. The more they burn the more certain is their restoration to health supposed to be and the larger is the fee to the priest.

In the temple of Cho Sing, at Canton, one can see great numbers of people every day, prostrate before the idols, begging for health among the fumes of burning incense. Mothers go there to pray for their sick babies, wives for their sick husbands, and children for their sick parents. After completing their prayers they go to another part

of the temple where they find a bowl filled with numbered pieces of paper. At random they draw a number as in a lottery. This number has a filed prescription alongside with a corresponding number. This prescription he takes to the temple drug counter and has it compounded. Usually the medicine is exceedingly nauseous, at least so the guides told us, but it must be faithfully taken or the patient cannot hope to get well. If this prescription from the temple fails to bring relief a visiting doctor may be called to the house. He makes his rounds in a sedan chair that being the respectable way of travelling in that country. The coolies that carry the chair recognize the house by *a copy of the doctor's sign-board* that has been placed in front of the patient's door. As soon as the doctor enters he is proffered tea and a pipe, after partaking of which he feels the sick one's pulse. By the pulse he is supposed to be able to tell where the trouble is located and what its nature. According to the Transactions of the China Branch of the Royal Asiatic Society of Hong Kong, the pulse is felt at three points up and down the wrist. The upper pulse of the left wrist when lightly pressed tells the condition of the small intestines. When heavily pressed it tells the condition of the heart. The middle pulse of the same wrist if lightly pressed gives the condition of the gall-bladder, while if heavily pressed it tells the state of the liver. The lower pulse of the same wrist gives the condition of bladder or kidney, according as it is pressed lightly or heavily. The right wrist is gone over in a similar manner so as to find out the condition of intestines, lungs, stomach, spleen,and two organs unknown to our anatomy, but called by them "san tseaou" and "ming man."

CHINESE ANATOMY.

As Chinese medical students never do any dissecting, their ideas of the structure of the body are not much like ours. They are taught that the small intestines are connected with the heart; that the urine reaches the bladder from the small intestines large; that the intestines have sixteen convolutions and are connected with the lungs; that the kidneys are attached to the spinal marrow; that the liver is the seat of the soul, that courage is a secretion of the gall-bladder, and that food goes to the spleen and passes from it to the stomach. When an organ is diseased it is due to bad humors or to evil spirits. Until the latter are subdued medicines are of no avail. In spite of such crude ideas Chinese doctors gain, through experience, some really good and practical ways of handling some ailments and of performing minor surgical operations. Obstetric practice is almost entirely in the hands of women.

DRUGS AND DOSES.

Every Chinese city contains a large number of drug stores that stand as evidence of the great faith the masses have in drugs. Many of the drugs they sell in such stores remind one of the old remedies of over a century ago among our own race. Quite a large proportion of their mineral remedies are much the same as ours. It is said to be a common thing for patients to cast lots so as to find out which one of a dozen doctors their good spirits want them to visit when sick. After getting a reply from the spirits in this way they will go to the doctor and bargain with him regarding how much they must pay in order to be well and how quickly the cure shall be wrought. Should the doctor take the case

Medical Stores, Shanghai.

to be a difficult one he will order gallons of the most nauseous remedies he can think of, to be taken within the specified time, and having secured his fee in advance he pays no more attention to his patient. If the latter is not cured at the agreed upon time he scolds his doctor, scolds his spirits, goes to another shrine or temple and prays for further directions and then repeats the operation.

TEMPLE OF THE FIVE GENII.

In Canton there is what is known as the Temple of the Five Genii. It was erected about 500 years ago and is dedicated to five good spirits who are supposed to have visited that city 2000 years ago, mounted on rams. Tradition declares that when these spirits were passing the market-place they said: "May famine never visit this place." Because of this it is said that Canton has never had a famine, and throughout China it is

known as the City of Rams. Since the Five Genii happened to be the ones who preside over the five elements of fire, water, earth, metal and wood, and since these are the supposed elements out of which the human body is constructed, the claim is made that Canton is the most healthy city in China. The genii we are told, keep these elements in proper proportion for health within the bodies of those who choose to reside within their favored city. Whether or not Canton is any freer from disease than any other of China's great cities it would be impossible to say, as no statistics are obtainable. Europeans, however, say that in spite of its narrow, dingy streets, its small, unventilated or badly ventilated homes, its uncared for sewerage, its numerous unpleasant odors, and its millions of inhabitants, there do not appear to be any more funerals than in any western city of equal size.

TUBERCULOSIS IS NOT PREVALENT.

What is, perhaps, more remarkable is the scarcity in the streets of persons showing signs of developing tuberculosis. According to our notions regarding the predisposing causes of this disease one should meet more such cases there than in New York or London. In Canton there is more herding together of great numbers in small, stuffy rooms, more real poverty among the masses, more exposure to dampness, strain and other depressing influences, and less knowledge of hygiene. When Chinamen visit Europe or America they show themselves, on an average, more susceptible than Caucasians. When at home far fewer of them suffer. With us it is the poor who suffer most. In both China and Japan it is the rich who are the chief sufferers. As regards the conditions of life among the poor the following description of a street scene is copied from my diary and was written immediately on reaching the hotel: "We have passed to-day numerous little girls loaded down with their younger brothers and sisters tied to their backs. Many of them could not be over five years old. As we came from the steamboat we saw at least twenty mothers rowing sampans, loading and unloading heavy goods, hoisting sails and doing other heavy work with babies tied to their backs. In every shoe store (and there was a multitude of them) we saw boys of from four to six years of age sewing on the heavy leather soles of shoes. It seemed exceedingly hard work for children of such tender years. In every street we passed toddling youngsters under heavy loads of merchandise, of building material, and of goods from the market. They carried them in baskets or boxes, suspended like the beams and pans of a pair of scales, upon heavy bamboo sticks that rested on their shoulders. Such children would not have been permitted to do any kind of work in our country, much less being forced to support and carry weights that made great beads of perspiration pour down their naked backs, and caused them to pant and strain with a weariness of limb that they could not disguise.

QUEER SIGHTS AT THE MARKET.

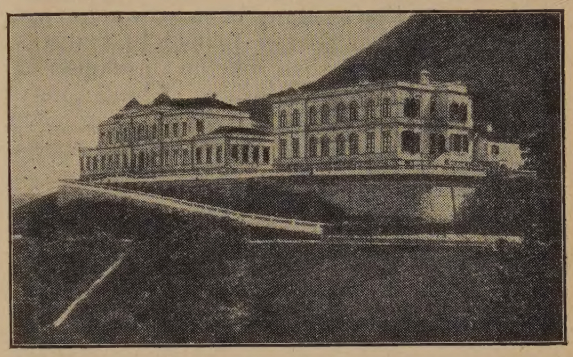
One of the queer sights of this strange city was the marketers. We passed numerous men, women, and children leaving the market-places with their purchases in their hands. And such purchases! Many of them had a piece of meat no larger than their thumbs, an onion, a carrot or other vegetable, with, perhaps, a tiny piece of bread, all strung together and suspended by a string from their hands. Nothing was covered with paper. Every purchase was visible to every passer. One lad passed us with two small, living fish tied together by their bleeding fins and an onion and a small head of lettuce on the same string. The fish were no larger than sardines. Great numbers of the passers had little slices of fish, others slices of meat of tiny dimensions, tied to some small vegetable. Some carried each a frog, a crab, or one or two shrimps, along with small portions of vegetables, green ginger, peppers, or string beans. Everything in the market-place could be bought in portions worth as low as one-fifth of one cent in value. Itinerant butchers, bakers, grocers, etc., peddled all sorts of provisions through the streets and sold portions so minute that it was a wonder to us why the purchaser got them at all. It seemed like the making of many bites of a single cherry. "Ripe" eggs that had been buried in the ground for weeks, so as to gain flavor, appeared to be a great delicacy. Dog and rat meats are sold to those who are too poor to buy better articles. Appallingly dirty looking combinations of rice and sugar seemed to be in considerable demand, but the chief "confection" was sugar-cane that was purchasable in amounts so small that one Chinese "cash," their lowest denomination of monetary value, could buy. In every part of the city, and during every hour of the day, we passed great numbers of people enjoying these small picees of sugar-cane or eating rice. Meal time seemed to be all the time. Merchants sit in their stores eating rice and drinking tea when not waiting on customers. They do this in the most public manner possible.

CHEERY DISPOSITION AND FANCY SIGNS.

The streets are so narrow that the chairs in which we were carried left scarcely room for pedestrians to pass and when other chairs met ours one or other had to turn into a side street or a store door to let the other pass. Every person met seemed to be good natured, much to our astonishment, as we had been led to believe that the Canton Chinese looked upon the visiting "Fan kwei" (i.e., foreign devils) as creatures to be despised or insulted. Nowhere did we see a scowling face or hear what appeared to be a disrespectful utterance. We saw many smiling faces, although we had been told that Chinamen were always stolid and never smiled. Only once did we have to give the right of way to others. Always the Chinese gave way to us to let us pass. The exception was when the Governor of the Province and his officers came along. Then every body had to step aside. There were no wagons, carts, carriages, pack animals, or vehicles for merchandise seen in any street. It would have been impossible for an elephant or camel to have made its way through many of them. The former would have been too wide and the head of the latter too high. The forest of signs that hang pendant from above or supported by their sides is something wholly unlike what is to be seen in any other part of the world. Every store has many of them. They all hang long-way downward instead of as with us in a horizontal direction. They are from six to eight feet long and from six to nine inches wide. In the better parts of the city they are handsomely carved, painted and gilt. The favorite color is red with large gold characters, but some are black, some green, some yellow and quite frequently the basic color is gold with the letters crimson, green, or black. They must take great pains to keep them looking fresh and new for we did not see one that looked shabby or old. They completely filled the space between house and house overhead, so far as vision was concerned. They left no gap through which an observer could look for a single block down any street. The effect was rather pleasing than otherwise, principally because of their new and clean appearance. In the poorer parts of the city cloth signs of a similar character took the places of wooden ones. Those who were initiated declared that they could tell the kind of business of most stores by the shape and color of the sign. None of the signs contained the owner's names as is the case with American ones. Each store, however, bore some fanciful name. One, as translated for us by our guide, was called "The Heavenly Jewel," another "The Everlasting Harmony," and still another "The Abode of Joy." A drug store was labelled "The Hall of Everlasting Harmony," and a tea house "The Chamber of Fragrant Almonds."

THE FOREIGN CONCESSIONS.

In all of the large cities of China that we visited the scenes in the native quarters are like these we have described for Canton. But most large Chinese cities contain parts, known as concessions, in which Europeans reside. They are sections given outright to or rented by the foreigners. In the German concession the visitor is practically in German territory, where Germans reside and do their business, with German police, German



Victoria Hospital, Hong Kong.

soldiers, a German postoffice, German courts and German judges who try all cases. In the English concession everything is English, and in the American concession everything is American, even to carrying American letters home with American stamps.

Maceo is wholly under the control of Portugal and Hong Kong under England. The former is the Monte Carlo of Asia where gambling is deemed a virtue. The latter is an exceedingly handsome island, surrounded by bewitching scenery, and contains one of the prettiest and most modern granite built cities in the world. Its proper name is "Victoria," but it is generally spoken of as Hong Kong, after the name of the island. Shanghai, while quite interesing in its way, is less beautiful than Victoria, less free and easy than Maceo, and less bizarre and curious than Canton. Nankin is almost a duplicate of Canton, and Hankow is quite like Shanghai in those things that attract the attention of tourists. Pekin is a disappointment, chiefly because the parts that travellers desire to see lie within the forbidden city and cannot be seen. It is, by all odds, the dustiest city on earth. In April and May the dust is so thick that one can scarcely see a block

ahead and after a half day's sight-seeing a negro, however black, and a white man, however white, would look just alike. The prespiration makes the dust adhere to face and hands in thick, grimy coats. The trip from Pekin to the Ming tombs and to the great wall is comfortable enough as far as Nankou, but when the Kalgan Pass is reached the ride through that is rough and dirty. The travel through that pass is immense, and one is constantly wondering where such great multitudes of people, camels, donkeys, and horses come from. We are told that it was at one time paved with granite blocks, but now there is no road other than the ruts and no ruts, but are broken up with boulders. At each swirl of dust one has scarcely time to take a breath of air before another arrives to choke or smother. Many of the Manchurian travellers that we passed looked in features more like ourselves than did the Chinamen of Southern and Central China. The scenery along the way is much like that of our own Rocky Mountains, but without our snow-capped peaks.

### THE GREAT WALL OF CHINA.

The Great Wall, both here and at Shang-Hai Kwan where we visited it a week later, is an interesting object. It has stood for more than two thousand years and still looks as if it might be made a defense of great value. No mountain was so steep, no ridge so high that those old builders did not undertake to conquor. It is probably the most gigantic piece of engineering that the world has ever constructed. Let the reader picture to himself a huge wall, varying from 15 to 30 feet high, and having a thickness of 25 feet at the base and 15 feet at the top. Surmount this with tall watch-towers and place alongside it still other taller watch-towers forty feet high, forty feet square at the base, and thirty feet square at the summit. Have such a wall built of bricks weighing from 40 to 60 pounds each and faced with a coping of granite while its interior is gravel and clay. Now run such a tremendous wall over mountains, through valleys, across rivers and after a distance of 1,500 miles end it in the sea. Such is the Great Wall of China. It looks the wonder that it is as one follows its serpentine windings up and down the hills and mountains over which it passes. In one place it crosses over a mountain peak 5,225 feet high. The numerous interspersed watch-towers give it a pretty as well as a formidable appearance. If transported to our country and put up for our people to see it would extend from Philadelphia to Topeka, Kansas.

### EVOLUTION OF CHINA'S EDUCATIONAL SYSTEM.

As has endured the Great Wall, even so has endured the educational system of ancient China. Every great city of the empire has its Kung Yuen, or Examination Hall, where the young men of the government came to be examined in the Chinese classics. The one in the East Tartar City of Pekin contained 10,000 tiny compartments where competitors were kept, at every annual examination for a day and two nights, in solitary confinement. In 1905 this system was abolished after having stood, like the Great Wall, for over 2,000 years. Now modern scientific education is accepted as of equal value with the classic and diplomas from Harvard, Yale, Columbia, Eaton, Cambridge, Berlin, and many other leading American and European colleges are placed upon an equal footing with their own. The latter too has changed to conform with modern ideas, and no one is permitted to pass the competitive examinations who has not added modern scientific knowledge to the list of his attainments. How great this change, is can be seen from the following statement of an Englishman named Fraser who visited Yunnan a few years ago. He says; "The students asked me; "Have you a sun in your country like the one we have? Have you trees and rivers, and are they like ours? Is it true that there are barbarians who have no knees to bend, that they have to sleep leaning against the wall, for if they lie down they are not able to rise again? Is it in your country where people have holes through their chests, so that servants can carry them from place to place swung on poles? Do you have examinations in your country'? To this last question he replied that they had, and then the interogator replied: "Then I suppose some of our wise Chinese men must have been over and taught you the way." When questions of this kind could be asked by men who were up for examination in the highest knowledge of the Chinese Empire, what can be the depth of ignorance of the great masses of the people?

### PROGRESS IS PROGRESSING!

But even they are learning. A few months before we reached Tientsin a movement had started to put an end to the annual offerings to the dead at the feast of All Souls. Following this propaganda came an edict from the Chinese commissioner of police forbidding this ancient rite, and advising all progressive Chinamen to donate the money intended for that festival to the educational fund "with a view of equipping themselves and their families for the exercise of electoral power." When he forbade so ancient

and so sacred a rite it is pretty certain that he felt that he had good backing both from the people and from his superiors.

MILK AND TYPHOID.

But progress in China is not all clear sailing. It has its penalties. As we have already seen tuberculosis appears as if it might be an accompaniment of western civilization. Nor is it the only one of the western plagues. Shanghai, Tiensin, Hankow and Hong Kong are awakening to the fact that scarlet fever and diphtheria have appeared among their children and is slowly taking hold of the children of the rich Chinese. Typhoid fever, too, is increasing and is no longer the rarity that it once was. In the interior of China the two first named diseases are said to be unknown while the latter is so rare that skilled European physicians have doubted or denied its presence among the natives. The only co-incident fact that seems to parallel the appearance and growth of these diseases in China and Japan is the adoption by the natives of the use of milk. As Brahmins they were averse to its use. With the dying out of the old faith comes the using of milk. They begin with condensed milk which, of course, is sterile but it is not long before they become users of fresh milk and get their supplies from a common stock. Ice cream, charlotte russe, morangu pie, and other milk delicacies, find their way into Chinese homes to be eaten by Chinese children. Is this the source of the trouble? In view of the vast array of facts contained in Bulletin 41 of the Marine Hospital Service of the United States, it looks as if this might be the true explanation. It is quite certain that where milk is not used, there these diseases have not made their appearance while coincident with the growth of the use of milk has come the diseases. The trouble began first in the "Concessions," and it was some time before cases were ever heard of among the natives. In the interior milk is still looked upon with aversion and even disgust. It is said that there are large numbers of the people who would almost as readily try to eat human flesh as to taste of milk, but progressive Chinamen fling defiance at their conservative countrymen and pride themselves in airing their heterodoxy by a display of its use.

POLITICS AND RELIGION.

Progress in China is not all easy sailing even when it is being pushed by men close to the throne. The Boxer uprising of a few years ago was evidence of this. The intense hatred that the Boxers displayed towards foreigners is fundamentally religious, but partly political. Every step of progress is a step of desecration, inasmuch as it uproots all their hopes of the hereafter, all their dreams of the present, and all their conceit of their own superiority over other people. They see the "foreign devils" gaining rights from the government at Pekin that they cannot get. They see their sacred shrines torn and defiled before their eyes in order to make way for means of locomotion that they do not desire. They see the men who have abandoned the faith of the fathers promoted to high positions. They see even the detested "fan kwei" advanced to positions of honor and of power that they covet, but cannot get. How long could such conditions endure, even in peaceful America, without provoking revolt. Let the disciples of Ingersoll and of Thomas Paine gain the upper hand here; let them tear down churches, stop religious processions, introduce social habits repugnant to

Funeral, Pekin.

the spirit and letter of Christian faith, and encourage the invasion of the country by foreign nations seeking to divide up our states among themselves and how long would we remain passive? The leaders can see the strength of our argument at the cannon's mouth, but the masses know no more of the greatness of the outside world than do children of ten or twelve years of age. When the Allied Forces invaded Pekin patriotic Chinamen were more than astonished at the result. It was their firm conviction that China would win. They sincerely believed that they would be able to drive every foreigner out of their country for all time. Some of them cannot, even now, understand how they were so badly defeated, or why the throne was restored to them again after that defeat.

SUSPICIOUS JAPS.

From Pekin, through Tientsin, to Ying kau, we had a three day's railway ride through the Boxer country. The last half of the way was through a very hilly region

while the first half was coastal lowlands. Evidences of the uprising were still to be seen and German, English and American flags were still floating over a number of the towns with here and there small encampments of European soldiers. On reaching the Liao River we knew we were in Manchuria, the site of a still more recent and dreadful tragedy. When leaving home we were uncertain as to whether or not we would be permitted to enter this part of the country. The Japanese consul, at New York, was very doubtful about it, but thought that perhaps by the time we reached there tourists might be permitted to visit Port Arthur. We went ahead and found that while we were watched at every turn by Japanese soldiers,

Old Russian Red Cross Hospital at Port Arthur.

and were compelled to repeatedly tell who we were, why we were there, and how long we expected to remain, no attempt was made at molesting us or hindering our movements.

MANCHURIA AND TAI LIEN.

In Nieu-chwang the masonic fraternity was having a banquet at the Manchuria Hotel where we stopped. They had just dedicated a new temple there. Learning that the writer was a mason they insisted upon my attending and enjoying the repast. In conversation with several of them the fact was learned that among the foreign population there was general dissatisfaction at the way the Japanese were managing Manchuria since the expulsion of the Russians. Europeans and Americans, through China, Corea and Japan, all seem disappointed at the treatment the Japanese have been according them. They had sympathized with Japan in its struggle with Russia only to discover that the latter was treating them with less fairness than even the Russians did.

Manchuria has long been a bone of contention between the Powers. Russia had, for centuries, been extending her domain eastward and, within the lifetime of the present Czar, had set her heart upon this region as a means of making herself a great world power. The Russian southern fleet was tied up in the Black Sea and forbidden to pass the Bosphorus, their northern fleet was frozen for some months of each year in the Neva, and their eastern ships of war were icebound for half the year at Vladivostock. Thus crippled what wonder that they should covet the ever-open ports of the Liao Tung Peninsula? Beginning with an eighty year lease of the region, obtained from China by what was practically coercion, M. de Witte, the Russian minister of finance, played the part of Aladdin to perfection. By a rub of his wonderful lamp he ordered the immediate construction of a modern city on Ta Lien Wan Bay. Never before, in the history of the world, was a miracle like this wrought. Churches and workshops, barracks and navy yards, stores and homes, hospitals and parks, wide streets and fine buildings, covered acres on acres of ground at his mere command. Millions of dollars were spent in the work only to prove the truth of the old adage that "there is many a slip between the cup and the lip." Not one of the fine edifices was destined to be the abode of a Russian. Their land lease will not expire till March 27th, 1923, but in the meantime their every hope has been extinguished and beautiful "Dalny" is now a Japanese city and known as Tai Lien. Our trip there was beset by many difficulties, owing to the imperfect railway facilities and to some rather unpleasant Japanese habits, the description of which would not look well in print. It was a hard journey for a lady to take. Knowing that it would be after dark when we reached Dalny we telegraphed ahead to the Toyo Hotel for a guide and conveyance. Two hours later a station master, at a way station, returned our money with the information that there was no messenger at the Dalny station, to send to the hotel, and so the message could not be delivered. This, at least, was what we understood from his signs for we could not speak to each other. Through much tribulation we found our way all right and were made happy by being greeted in our own tongue by the American consul, Mr. Chandler, who, on learning that some Americans had arrived at the hotel, came to welcome us. Next morning he returned again, and on learning that we desired to visit Port Arthur he placed his interpreter, J. Iberaki, at our service for two days. This kindness proved of great value to us and made our trip one of intense interest. Without his help we would have found it difficult to have bought

our railway tickets here. No Chinaman or Japanese seemed to know the name "Port Arthur," that being an exclusive Caucasian title. The local name is Riojun. Long before reaching the city our train passed through battle scarred hills, among dismantled forts, and near to the landing-place of the Japanese forces. After closer examination we wondered how Nogi and his men succeeded in forcing their way into so well defended a region. Nature and art had both conspired to make the place impregnable. Guarded by hills and forts from the sea; encircled on every side by steep declivities and not an inch of ground in sight on which cannon balls and shell could not be showered, nothing short of starvation should ever have compelled Stoessel to have surrendered. From 204 Metre Hill the view is magnificent and from it guns could be trained along the direct path of the Japanese forces. Japan silenced those guns, and now nothing but wrecked masonry marks the spot where they stood. Nothing has yet been done to restore any of the forts around the city, but on the morning in which we ascended 304 Metre Hill, early as was our hour of departure from the hotel, a Japanese officer followed us in a carriage to the foot of the hill, and then climbed after us to the summit to see what we were doing up there.

In the small harbor of Port Arthur three of the thirteen sunken Russian ships of war were still lying there. What a terrible story of death and destruction those ships and those dismantled forts now tell. Great as was the loss of life on the field of Gettybsurg, momentous as was the issue and the results at Waterloo, famous as was the victory at the battle of Blenheim, none of these showed such horrid carnage as that sustained by the Japanese at Port Arthur.

Well might this people paraphrase the words of Wellington, at Vittoria, Spain, when on casting his eyes over the battlefield he exclaimed: "The next most dreadful thing to a battle lost is a battle won." Here it would almost seem as if the next most dreadful thing to a battle won would be a battle lost. And all this, and the other almost equally sanguine battles of Manchuria, came about soon after we had learned, in America, that Russia and Japan had come to terms of peace, that China was about to be carved up between the Great Powers, and that our efforts as a nation at keeping an "open door" for commerce was at an end. The supposed agreement of November, 1903, was followed by war in February, 1904, and all because of Russia demanding that Japan surrender its paramount interest in Corea. Did we have anything to do with Russia's refusal to let Japan have Corea? Our pledge to defend Corea against aggression placed us then and places us now in a very awkward position, in respect to Japan.

---

THE LOUISIANA ANTI-TUBERCULOSIS LEAGUE met March 12, and formally accepted the $14,168.54 turned over to them by the custodians of the balance of the fund raised to battle against yellow fever in 1905. Dr. Max Heller spoke the thanks of the Association for the gift, which make possible the carrying out of the plans in connection with the sanitarium to be established in St. Tammany Parish. It is probable that $10,000 of the amount stated will be placed in a bank as a nucleus for a a permanent endowment for the maintenance of the home and the remainder used for current expenses. The League now has in cash, above all indebtedness, $12,578.72.

OPPOSITION TO PHILANTHROPIC MILK IN PARIS.—A few months ago Baron Henri Rothschild of Paris, inaugurated the sale of sterilized milk at various stations at less than cost price to the poor—his innovation being founded on the similar work that has been done in New York by the philanthropist Strauss. The Paris milk dealers, however, have presented an organized opposition to this "philanthropic milk" and brought suit against Rothschild, alleging dishonest competition in the sale of milk demanding that the authorities put an end to the sale of the philanthropic milk." The courts have now decided in favor of the milk dealers, we are informed, and the sale of the philanthropic milk is forbidden under penalty of a fine of $10 a day. Rothschild retired from the work some time ago but it has been kept up by others since.

ANTIQUACKERY LECTURES.—The professors of the medical faculty of the University of Göttingen have inaugurated a series of public lectures to educate the public in regard to the dangers of quackery. The first lecture was on the theme: "Medical Science and Quackery," and was presented in turn by three professors before a very large audience composed of all classes of society. A local daily paper had been commenting on the spectacle of the thousands flocking to the "miracle doctors," passing by the very gates of the university. The three Ausmeir brothers boast that they have more clients than all the professors together, although the Ausmeiers were only cabinet makers or cigar sorters before they began to treat the sick. The Allg. med. Ct.-Ztg. comments, however, that it is quite a question whether the anti quackery lectures will do any good.

# The Medical Society of City Hospital Alumni

President, WM. E. SAUER Humboldt Building
Vice-President, L. H. HEMPELMANN
Secretary, W. H. LUEDDE.
Treasurer, E. LEE DORSETT.

STANDING COMMITTEES:

Executive, Drs. Behrens, Falk and Oatman.
Entertainment, Drs. Hinchey, Zimmerman and Baumgarten
Scientific Communications, Drs. Williamson, Shutt and Barr.
Publication, Drs. Loeb, Mook and Greiner.
Public Health, Drs. Reder, Amyx and A. E. Taussig.

## *OFFICIAL TRANSACTIONS.*

### THORACIC ANEURISM OBSTRUCTING AND PERFORATING INTO LEFT BRONCHUS —REPORT OF A CASE.

RODNEY J. BUNCH, M. D.

ST. LOUIS.

Senior Assistant Physician, City Hospital.

J.W. V., colored, male, age 44, single; plasterer by occupation, was admitted to City Hospital for treatment April 19, 1907, complaining of pain in chest, weakness and persistent cough with a more or less blood tinged expectoration. Temperature 98.8 (oral), pulse 86 and respiration 30.

Present illness began one year ago with a deep-seated pain in upper left chest, which was more or less constant, and had gradually grown worse till at that time it was almost impossible for him to lie down or sleep. His general nutrition and state of mind had suffered very considerably from his broken rest and inability to gain relief.

Family History.—One sister died with cancer of nose. Otherwise negative.

Personal and Past Life.—Usual diseases of childhood. Smallpox at 16 years of age. Gonorrhea, but denies luetic infection, nor could a suspicious history be obtained. Sustained a gunshot of liver in 1886, but no operative interference was demanded and patient made a good recovery. Left eye enucleated in 1892 for injury. Patient had always enjoyed good health till the onset of his present trouble one year ago.

Physical Examination.—Reveals a rather poorly nourished male negro, facial expression indicative of pain. Seemingly inclined to sit in a stooped position with the hands and forearm resting upon knee. Mucous membrane pale; no evidence of hernia, cleft palate or supernumerary digits. Skin dry and easily picked up about dependent portions. Nails brittle, hair somewhat deficient about pubes, but scalp and face fairly covered with a short stubby growth. The voice is clear and patient enunciates well.

Chest fairly well developed save a floating tenth rib; interspaces more or less well marked on left side, and excursion somewhat limited. Right shoulder lower than left. Ensiform stand out prominently and the clavicular spaces (supra and infra) well marked. There was a marked difference in lung sounds. That of left side being greatly diminished or practically absent. Percussion failed to reveal dullness, as one would naturally expect to find in such a condition and change in posture did not alter findings. The normal vesicular murmur could not be heard even under efforts at forced inspiration. At the upper one-third of chest near sternum a small area of dullness was made out, but out of all relation to extent of absent breath sounds. Chest was aspirated to relieve all doubt as to effusion, but with two negative results.

Circulatory Apparatus.—Apex beat is visible and palpable in fifth intercostal space, nipple line. Area of cardiac dullness increased in an upward and slightly outward direction. Deep pressure over upper cardiac area has a tendency to increase his chest pain, and at times patient has experienced spells of heart palpitation. Arteries are sclerotic, radials equal in volume and time fairly regular. There is a distant soft murmur heard best at sterna clavicular junction on left side, and is systolic in time.

Digestive System.—Patient had a difficutly in swallowing, and at times complained of pain when semi-solid food, was taken into stomach; on two or three occasions felt nauseated, and his food regurgitated. The throat felt dry and patient seemed to have a rather increased amount of saliva. No disturbances in the epigastric region nor does he experience any pain after the food has once gotten into the stomach. A stomach analysis was not made, as patient complained when a soft rubber tube was placed into esophagus and forceful manipulation was not attempted.

Rectal examination negative. No evidence of hemorrhoids or an enlarged prostate. Glandular system in general was negative.

Nervous system negative save a slight tremor of fingers and restlessness. Station of patient good. No anesthesia or motor disturbances.

Organs of special sense negative except the absence of left eye, which had been enucleated.

Genito-urinary system negative. Urine analysis 24 hours specimen. Amount 1200 c.c.; color clear amber. Specific gravity 1030. Albumen negative. Sugar negative. Diazo reaction negative. No casts or morphological elements.

Blood Analysis.—Leucocytes 9500; erythrocytes 4,800,000; hemoglobin 86% (Dare); poikilocytosis and a small per cent of esinophiles.

Clinical Course.—On April 26, 1907, patient noticed that his face had assumed a swollen appearance, and at frequent intervals perspiration cover his forehead and about cheeks and neck. The pain and cough gradually grew worse. Patient refused nourishment, as any attempt at deglutition elicited excruciating pain. Expectoration was free, the material being thick, tenacious, and at times blood tinged. The temperature was ranging about 97.6. Pulse somewhat rapid but fairly regular. Respiration interrupted by fits of coughing. Patient still up and about. Opii given by mouth to relieve pain, but only to recur just as soon as the drug effect had passed away.

April 29.—Patient was seized with a severe coughing spell and a gushing hemorrhage from nose and mouth followed, which resulted in the prompt death of patient.

An autopsy was performed by Dr. Harris and the findings in brief are as follows:

1. A thoracic aneurism with an obstruction to left bronchus and rupture of aneurism into left bronchus just below bifurcation of trachea.
2. Aspiration pneumonia with an emphysema.
3. Arterio-sclerosis.
4. Arterio-sclerotic kidneys.
5. Accessory spleen.

SUMMARY.

I would call your attention to the fact that there was an obstructed bronchus which produced absent lung sounds, but an atelectasis had not followed, and it would seem to me that a total blocking had not been brought about simpler retained air would have been absorbed and the natural result followed, namely, that of a collapsed lung. A patient with constant pain in chest; unyielding to sedatives; a tumor mass as revealed by X-ray in region of arch of aorta. A peculiar systolic murmur near base of heart; repeated negative sputum examinations for T. B. C.; occasional expectorated blood tinged ropy tenacious material; painful deglutition, normal temperature. Arterio-sclerosis, gradual loss of strength and weight, no leucocytosis. No general glandular enlargement. Pulsations in neck absent; radials equal or apparently so; palpitation of heart; absence of lung sounds on left side without increase in dullness and a distinct tracheal tug. A swelling face with peculiar sweats about same area and other portions of body not involved. A negative pupil examination, owing to patient being blind in right eye. About the head and neck the blood vessels stood out prominent, but did not pulsate. A voice which was fairly clear and external chest apparently free from a pulsating tumor, together with a race and age which is peculiarly susceptible to aneurism. New growth and T. B. C. gave a clinical picture when analyzed may be more complex than one would image at first thought. Here was a case which pointed to a thoracic tumor, and in all probability an aneurism.

REVIEW OF LITERATURE.

In a brief review of the literature, I find seven similar cases and that numerous instances are recorded where a solid tumor produced many of the so-called cardinal symptoms of aneurism. The diagnosis therefore, requires close observation and careful differentiation. When we know that such men as Traube, Carierre, Kuchen, Gebauer and Snow have mistaken carcinoma of the esophagus for aneurism we realize how similar these conditions appear clinically. Pain which is referred to as the almost constant symptom by such men as Broadbent, Anders, Musser, Craig of London, Osler, Tyson, Lebert, and many others is not and has been shown to be erroneous by Kuchen and Zeimssen, who show that esophageal carcinoma has produced pain not unlike that of an aneurism, and by some said to be typical both in its location and character. Dyspnea is almost as common to carcinoma of the esophagus, as it is in aneurism; paralysis of recurrent laryngeal nerve in a series of 42 cases recorded by Sheck gave the following: Three due to pulmonary and mediastinal tumors, and four to carcinoma of the esophagus; and as to the degree of hoarseness changing slightly in aneurism due to the perhaps different position of sac at times, and that the hoarseness in most solid tumors is more progressive. This in a way holds true, but cases are reported in which the tumor mass only produced the pressure upon the nerve by its circulatory disturbances; in other words, an edema around nerve and not the tumor itself. That the X-ray is an invaluable aid in diagnosing aneurism none will deny, but even in the hands of one skilled in its use, errors in diagnosis will be made,

for there are conditions which produce a shadow not unlike that of a pulsating aneurism. Seelig reports of carcinoma of the esophagus where a wrong interpretation might have been made, owing to the mass lying anterior to the aorta and with each pulsation of the vessel the new growth seemed to be a part. Orton has pointed out numerous similar mistakes in an article published. A case of anterior mediastinal tumor is reported by Wilson in which he calls attention to the fact that tumors are found at an earlier age than aneurism, but this seems to be only a general rule, as Peabody of New York, reports a case of a child of four years with an aneurism rupturing into the esophagus. I believe that most authors are agreed that the tumors of the anterior middle and posterior mediastium most often prove to be sarcomatous, and Pepper and Stengel claim a rise from the remnant of the thyroid gland, as is published in a splendid paper on Intra-Thoracic Tumors.

REFERENCES.

Fruedenhammer, Dissertation, Berlin, 1873.
Jean, "Schmidt's Jahbucher," Vol. CCII, p. 192,
Pepper, "Schmidt's Jahbucher," Vol. CCII, p. 185.
Damaschino, "Schmidt's Jahbucher," Vol. CCII, p. 186
Irvine, "Trans. Path. Soc. of London," Vol. XXVII, p. 63.
Habershon, "Guy's Hosp. Report," III, Vol. II, 1856.
Craig, British Med. Journal, 1907, II, 710.
Reeves, U. S. Navy Med. Bulletin, 1907, I, 99-101.
Taylor, Clin. Journal, Lond., XXX, 1907, XXX, 257.
Willson, Jour. A. M. A., 1907, XLIX, 15-17.
Peabody, Med. Rec., N. Y., LXXI, 595-597.
Bramwell, Clin. Stud., Edinburg, 1906.
G. Wilson, Med. Journal, Balt., 1907, L. 63-66.
Seelig, Annals of Surg, Dec., 1907.

## PRESENTATION OF SPECIMENS.*

LOUIS RASSIEUR, M. D.

ST. LOUIS.

This first specimen has the following history: The patient was a woman 31 years old, her youngest child ten years old. She had been pregnant four times since and had each time induced an abortion. The last abortion occurred four years ago. She at that time contracted a salpingitis and pelvic cellulitis. She was very sick but recovered. She had her periods regularly until December 5th last, when she began to bleed a little, a few drop, each day. On January 2d she had a sudden attack of pain and went to bed, but that did not ease the pain. That was at 10 o'clock in the morning. At 3 o'clock in the afternoon she began vomiting and passing urine involuntarily. I saw her two days later. She had a pulse of 130, temperature 99.4 deg. Her breasts were enlarged, but she said they were always enlarged when her periods were due. No colostrum could be expressed. One tube was slightly adherent, but no tumor could be felt, and the uterus seemed to be normal in size. A catheter into the bladder showed that the bladder had been apparently retracted to the right side. The left lower quadrant of the abdomen was too sensitive for percussion. There was dullness of about 2½ inches in each flank, which shifted on moving the patient. My diagnosis was ectopic pregnancy with rupture into the free peritoneal cavity. Immediate operation was recommended. The case was operated upon at once. On incising the peritoneum the blood spurted out. I took clots from beneath the stomach, spleen and liver. I did not endeavor to remove all the blood in the cavity because the patient was in a very bad state. Abdomen was closed without drainage. Her recovery was uninterrupted. The specimen shows a beautiful corpus luteum, and there is also a hydrops of the Graafian follicles. The pregnancy was at the uterine end of the left tube.

This second specimen is from a woman 43 years old. She had her last child ten years ago. Four years ago she had a prolonged menstruation, bleeding for three weeks. Since that time has had her periods regularly, but for a week each time. I found this pedunculated fibromyoma sticking into the vagina. It came from the posterior wall of the fundus. I separated the bladder from the cervix sufficient far and split the cervix uteri in the median line up to the internal os. My reason was that where you have one fibromyoma there is frequently another, and after pulling one of these away you may a year later find another. Again, some of these fibromyomas are malignant. I severed this from its attachment to the uterus. The incision into the cervix and into the anterior vaginal vault was closed. No drainage was use. She made a rapid recovery. This operative procedure permits perfect inspection of the intrauterine cavity.

The third specimen is from a woman 44 years old. She was bleeding constantly. Her physician curetted out a mucous polyp There was a growth that might have been considered malignant, and we decided to operate, moving the uterus in addition to this calcified type of fibromyoma.

The fourth patient was 46 years old and a virgin. She gave a history of having had hemorrhages for the last six months. She did not know she had this tumor. On examination the physician at once found this fibromyoma. There was a mucous polyp in the cervix and I did not want to run any chances so I removed the entire uterus.

*Read before the meeting of February 6, 1908.

DISCUSSION.

Dr. Francis Reder.—The doctor should be congratulated on his excellent results. In regard to the first case, I don't quite know why the doctor should be so specific in making his diagnosis of ectopic pregnancy at the upper end of the tube. We usually satisfy ourselves that there is an ectopic pregnancy, and then we operate. So far as restoring the integrity of the broad ligament is concerned, that will take care of itself if we produce a complete hemostasis. Now, as to these pedunculated fibroids; all that is necessary is to throw a ligature around the pedicle, and then cut it off. The doctor has subjected those women to a considerable amount of traumatism. Of course I understand his desire to satisfy himself that the uterus was free and nothing more to be done, but if he had simply ligated it as it hung out of the uterus it would have been sufficient. The percentage of malignancy in these cases is very low. In all these operations we may encounter conditions that we do not look for, e.g., in peeling off the bladder, it may come off very nicely, or again we may have complications that make us regret having gone as far as we have. I suppose if the doctor had found more growths in the uterus in this case that he could have done a total extirpation of the organ.

Dr. Frank Hinchey.—Was the first patient a primipara?

Dr. Rassieur.—She had had one child ten years ago. She was pregnant four times after that, each time inducing an abortion. Her last abortion occurred four years ago.

Dr. Hinchey.—Many have claimed that once a salpingitis, never a pregnancy—that the tube never regains its patency. Yet it has been given as a cause of ectopic pregnancy that the tube is damaged, but I am rather inclined to belive that this case bears out the theory of Webster, of Chicago, that a normal tube will not detain the fertilized ovum, becuse it is not capable of forming proper decidua.

Dr. Rassieur, in conclusion.—As to the seriousness of the operation, the duration is but ten minutes. No irrigation was used and no sponges. The cutting was very quickly done and I do not think the integrity of the uterus, bladder or vaginal wall was affected at all. If there had been other fibroids that I could not remove, I would have been in a position to take the uterus out without difficulty. As to the case of extrauterine pregnancy, my reason for the diagnosis of the location was that when the pregnancy occurs in the uterine end of the tube, in the vast majority of the cases there is no tumor in the cul-de-sac; while if it occurs at the fimbriated end, there is almost always a tumor in the cul-de-sac, because the tubal pregnancy is usually a sequel to salpingitis and the tube is fastened down somewhere by adhesions. If there had been a tumor down there I would have been able to feel it. As to the cause of extrauterine pregnancy, I think there are various causes, but we are all agreed that the most frequent cause is salpingitis, making pockets in the tube, and a pelvic cellulitis, making kinks in the tube just short of destroying the patency of the tube. One cause given is the infantile tube. The Germans have spoken much of that cause.

---

PERSISTENT high temperature after appendicectomy may be due to the formation of a pelvic exudate. No operation should be performed until a distinct localized abscess has formed, as there is danger of setting up a diffuse peritonitis.—Amer. Jour. of Surg.

METSCHNIKOFF and ROUX recommend a calomel ointment composed of 33 grams of calomel, 67 grams of lanolin and 10 grams of vaselin as a local application after coitus for the prevention of syphilis. Their conclusions are based upon experiments on man as well as animals. Injections of atoxyl are also said to prevent infection, though the remedy is not without danger to the optic nerve.

THE PHYSIOLOGICAL MECHANISM OF VASOCONSTRICTION AND VASODILATION.—Dr. Geo. B. Wallace, of New York, discusses the anatomical relations of the vasoconstrictor and vasodilator nerves and their centers (Med. Rec., April 25). The vasoconstrictor centers are mainly in the medulla, while there are other centers in the cord. The sympathetic ganglion cells produce tonus, and the neuro-muscular junctions aid in this. The vasoconstrictor sympathetic nerves seem to require of their function the presence of an adrenal secretion. Vasodilator centers have not yet been ascertained to exist. The splanchnic areas are most freely supplied with vasomotor nerves. The amount of blood in the brain is dependent on the amount in these areas. A rise or fall in general blood pressure is generally due to constriction or dilatation of the vessels in the splanchnic region. Vascular reflexes may be divided into two sets, one confined to the vascular system and another with impulses from other organs. The first set come from the heart. The second may come from the brain, and these are most important, and other organs. Those from the skin are well known.

# THE MEDICAL FORTNIGHTLY

**Issued Tenth and Twenty-Fifth of Every Month.**

Edited By
DR. THOS. A. HOPKINS

And the Following Associates:
JOHN McH. DEAN, M. D., Surgery.
ROBT. H. DAVIS, M. D., Dermatology.
W. E. FISCHER, M. D., Ophthalmology.
R. B. H. GRADWOHL, M. D., Pathology.
A. F. KOETTER, M. D., Oto-Laryngology.
O. E. LADEMANN, M. D., Internal Medicine.
W. H. VOGT, M. D., Gynecology.
O. H. BROWN, M. D., Tuberculosis.

Editorial Rooms, Suite 319-321 Century Building, St Louis.

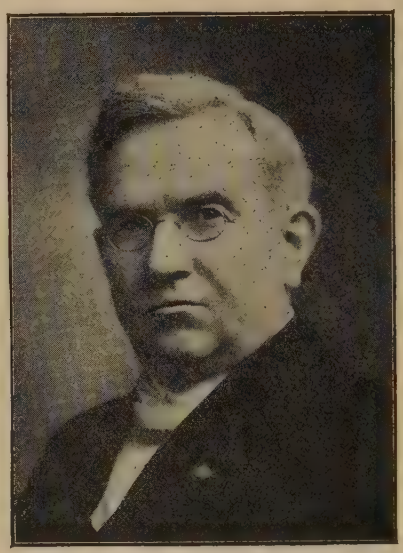

## EDITORIAL

**Our State Meeting.**

THE meeting of the Missouri State Medical Association held at Springfield, May 19-21, was notable in its place among similar gatherings. The membership of the association, and especially those who have been active in its management, have been awaiting an evidence of a revival of interest on the part of the membership generally and they have arranged attractive programs, elaborate entertainment and other attractions to bring it about with no great degree of success until this meeting. This meeting was one of the best attended and most enthusiastic in the history of the body. The work of both sections was excellent, there were fewer absentees among those who had place on the programs than has been usual, and the papers presented had without exception a definite message, and brought out thorough discussion of the subjects presented.

Springfield made much of her opportunity to play host and those who had never previously visited that section of the state were more than interested in their surroundings, while all found the hospitality extended of a thoroughly satisfying character.

A healthful, friendly rivalry in the endeavor to fill the office of president played no small part in the interest of the meeting. It had been generally conceded that the presidency was to go to St. Louis this year, and our delegation left St. Louis with the knowledge that we had two promising candidates and others who might run. That there would be so close a contest that several ballots would be necessary before a choice could be made had not been expected. The candidates, Drs. W. B. Outten and Dr. A. R. Kieffer, were both men whom the profession generally would have been pleased to honor with the position, and in either case with an assurance that it would be ably filled; it is reasonably certain that there were few who voted either way who would not have as gladly supported the other had their allegiance been unpromised. The election of Dr. Kieffer seems singularly fitting; there is no member of the association who has worked more earnestly and unselfishly in its behalf, while his position among the physicians of St. Louis is one of enviable popularity. There is no man in our society who is held in higher respect, or whose judgment and



DR. A. R. KIEFFER,
President Missouri State Medical Association.

counsel carries greater weight. We believe that the association has honored itself in placing him at its head for the year.

The election of Dr. R. H. Goodier, of Hannibal, to deliver the address in Medicine and Dr. F. J. Lutz, of St. Louis, to deliver the address on Surgery, at the 1909 meeting completed the elections in so far as the general society was concerned, and insures profound papers for each section.

The association will meet at Jefferson City in 1909.

---

**The Newest Thing in Serum Diseases.**

MANY strange things of supposed scientific character find their way into the daily press of our city, and we often find ourselves at a loss how seriously to take the reports we meet. Knowing as we have that a large part of the habitable globe is struggling with the problem of rat extermination, we were nat-

urally interested when the following caught our eye a few days since:

"The Health Department has succeeded in starting a contagious disease among rats, and all the rodents in St. Louis may die. After week's test of a new serum which transmits the disease to rats, Assistant Health Commissioner Winn stated yesterday that the plan was a success. Rat traps as a method of destroying the pests may soon go out of business for lack of rats, Dr. Winn says.

"The first trial was made, beginning last week, on the premises of a tenement at Fourteenth street and Park avenue, owned by Miss Malvina Pfeffer. Miss Pfeffer told Dr. Winn yesterday that the disease had taken effect, and that a number of rats had died. Neither the serum nor the disease possesses any matter that will affect any other animal or being."

If Dr. Winn has evolved so beneficent and harmless a serum he should not hide his light under the premises of Miss Malvina Pfeffer. San Francisco, Hong Kong, Bombay, Calcutta, Yokahama, not to mention many smaller places, are paying tremendous sums to rid themselves of the menace of these pests and of the diseases which they spread among human beings. But St. Louis has made no active campaign against rats, and our city's alley are infested by thousands unnumbered. We must confess to a little fear about this fatal disease which cannot be passed on to any other form of animal life; rats are bad enough, but we prefer to have them healthy if we must have them. If we have such a serum as is indicated, foreign governments are awaiting to adorn the discoverer with various honors and he shall not be without honor among his own people.

---

**Fifty-nine Graduates from The Medical Department of Washington University.**

THE annual graduation exercises of the Medical Department of Washington University were held at the Odean on Thursday evening, May 28th, at which time fifty-nine men received their medical degree. Preceding the commencement exercises, prizes were awarded by William H. Warren, Ph. D., dean of the medical faculty. The George F. Gill prize of $50 for the best grade in first year work in anatomy was awarded to Alphonse Herman Meyer. Another $50 prize by Mr. Gill for the best work in the diseases of children was won by Phelps Grant Hurford, one of the graduating students. Meyer also won the Curtman prize in chemistry, amounting to $25. Honorable mention was awarded to Merrill Neville Smith, Edward N. Hagin, Charles H. Holaday, Otis. J. Like and Oden Cobbs Vickery.

The members of the graduating class are as follows: Sayid Bahgat Abaza, William L. Abney, Jr., Perry Clifford Archer, James Joseph Barry, Jr., Angus J. Barter, A.B.; Charles Wallace Bassett, Frederick William Bechtold, Grover Cleveland Black, William James Blackard, Eli Thomas Brand, Benj. Brandt, John Chisholm Breedlove, Guy Young Briggs, Jesse Jerome Burdick, William D. Chapman, Frank L. Davis, Walters Albert Dew, Delmer R. Duey, George Washington Duncan, Ellis Fischel, A. B. Lloyd E. Goodpasture, Victor Maurice Gore, Gary Thomas Gossard, Charles Armin Gundelach, John Randolph Hall, Bert Witham Hardy, Daud Helmy, Theodore Carl Hempelmann, Samuel Herskovitz, Garfield Eugene Hertel, Walter Roy Hewitt, Halbert Rowland Hill, A. Dana Hobson, Phelps Grant Hurford, Perry Wells Jennings, William Kerwin, Geo. Matthew Kesl, Frank William Klocke, William A. Kluegel, Abdel Rahman Lozi, Gurley Curtis McCoy, William Day Moore, Wilson Albert Olds, Dr. James Eugene Prichard, Oscar Jacobus Raeder, Harry Rich, Harry Sanperl, John S. Sheets, Henry Joseph Smith, A. B.; Elmer Phillip Stiehl, Ph. G.; Charles Allen Stone, B. Sc.; Walter Edward Sturgis, Finis Clifford Suggett, Randall Solon Tilles, Leland Peak Viley, Jr., A. B.; Harvey Monroe Wall, George Washington Westermeier, Henry McClure Young, A. B., and Yousef Zaki.

---

DR. J. J. TAYLOR, of Philadelphia, editor of Medical Council, spent a short time with St. Louis friends recently.

DECENNIAL REUNION OF MISSOURI MEDICAL CLASS OF 1898.—The reunion of the class of 1898 of the old Missouri Medical College was held at the Marquette Hotel on the evening of May 28th, with forty-five members present. Dr. Otto August Wall, Jr., acted as toastmaster, and the following responded to toasts: "The Class of '98," Dr. C. O. Molz; "Early Experiences in Practice," Dr. F. A. Martin; "Practice in Illinois," Dr. C. Lockhart; "Ten Years Hence," Dr. H. C. Moss; "The Waiting Time of Practice," Dr. J. S. Cleland; "Absent Ones," Dr. H. R. Stillwill; "Our Boys in St. Louis," Dr. R. C. Harris; "The Hospital Superintendent," Dr. C. H. Anderson; "Notes from Oklahoma," Dr. W. Peters.

## THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

**Diseases of the Nose, Throat and Ear.** Medical and Surgical. By William Lincoln Ballenger, M. D, Professor of Otology, Rhinology and Laryngology, College of Physicians and Surgeons, of Chicago University of Illinois. Octavo, 896 pages, with 467 engravings and 16 plates. Philadelphia and New York: Lea & Febiger, Publishers, 1908. (Cloth, $5.50 net)

The author deserves great praise for the attention to detail and description in his work. Not only is every step of an operation described clearly, but they are also profusely illustrated. The opening chapters are devoted to a review of the anatomy and physiology of the organs, a chapter on the relation of general medicine to nose, throat and ear, also a chapter regarding office equipment.

Special mention should be made of the chapter on deformities and deviations of the nasal septum. The etiology is described with opinions of different authors, the clinical classification and all the known operations for relief of this condition are described and illustrated.

The chapter on submucous resection for which work the name of the author is well known on both sides of the continent, cannot be praised too highly.

The surgery of the accessory sinuses or vicious circle, so aptly named, here again the vast experience of the author is shown in the careful and detailed description of the different sinus affections. He considers Jansen's position, that if one sinus is affected all sinuses on that side are involved, as extreme. His explanation that an obstructive lesion in the region of the middle turbinate interferes with the drainage and ventilation of all the sinuses, is more plausible.

Operations for correction of external deformities of the nose, as well as tuberculosis syphilitic and malignant conditions of nose, throat, pharnyx are mentioned in special chapters.

The tonsils as portals of infection and the clinical anatomy of the same are gone into in detail. Nothing is added to our knowledge regarding inflammations and also the function of the tonsil. The question, as to total or partial removal of the tonsils is still unanswered, also the one as to what organs performs the duties of the tonsil removed. Removal of tonsils, showing tendency to recurring inflammation, no doubt benefit health of patient. The author advocates complete removal of tonsil with capsule intact rather than partial removal by tonsillotome or punch, as in the latter case the trouble is liable to recur.

In the chapter on the singing voice the author emphasizes the importance of the nose to properly bring out the voice. The larynx is the primary source of the tones, but many laryngeal inflammations are due to the nasal disease. Deviated septum, polypi, thickened mucosa and hypertrophied turbinates interfere with resonance chambers of the head. Other defects of the voice as tone blindness, improper methods of respiration are mentioned as affecting the singing voice.

Defects of speech are gone into thoroughly, giving a cause and remedy for same.

Neoplasms of the larynx he divides according to Moritz Schmidt's table, giving the opiniosis of Morell Mackenzie, Lennox Browne and Schmidt as to the constiutional influences.

In removal of foreign bodies from the larynx, trachea, bronchi and esophagus author uses the instruments of Chevalier Jackson, rather than Killian's, as being easier to handle for the inexperienced surgeon. Jackson's methods are described in detail.

The part devoted to the ear shows the same careful attention to detail, and while offering nothing new is a splendid descriptive effort.

The plates and illustrations are unusually good, and the publishers are be congratulated for their work. The illustrations are, nearly all original work of the author, and the idea of the writer to illustrate every step of an operation should find imitators among oto-laryngologists, as descriptions do not always elucidate clearly what the writer intended.

**Nervous and Mental Diseases.** For Students and Practitioners. By Charles S. Potts, M.D., Professor of Neurology in the Medico-Chirurgical College of Philadelphia. New (Second) edition, thoroughly revised and greatly enlarged. In one 12mo volume of 570 pages, with 133 engravings and 9 full-page plates. Philadelphia and New York: Lea & Febiger, Publishers. (Price, cloth, $2.50 net.)

The handling of nervous and mental diseases in a single volume offers manifest advantages to practitioners and students who wish a good grounding in two very important subjects which have an obvious relationship. That Dr. Potts has accomplished this acceptably is indicated by the demand for repeated printings of his first edition, and now by the call for a revision. His book has always been noted for its clearness and evenness, the inclusion of everything to be expected in a manual and the omission of recondite matters, which find their proper place in the large special works or in monographs. Dr. Potts carries his reader as far as most will care to go, qualifying him for examination or general practice on both subjects, and for their further pursuit in case he

wishes to specialize. He has brought this new edition thoroughly abreast of the present day, incorporating all important advances and making many additions. The section on Mental Diseases has been completely rewritten to represent the radical change in the whole point of view from which this field is now regarded. As the book has grown larger by about one hundrd pages in spite of condensation whenever possible, it may be said that the amount of information it contains has been increased in greater ratio than its pages, and the same is true of the illustrations. A number of colored plates have been introduced. In its new edition the book goes forward to fresh usefulness.

---

THE many friends of Dr. Curran Pope, of Louisville, Ky., will be pleased to learn of his recent unsolicited election as an Honorary Fellow of the Australian Massage Association. This unexpected honor came as the result of scientific communications made along the lines of Physio-therapy. Dr. Pope was elected president of the National Physio-Therapeutic Association at its last meeting.

THE MEDICAL ERA'S GASTRO-INTESTINAL EDITIONS.—The Medical Era, St. Louis, Mo., will issue its annual series of gastro-intestinal editions during July and August. In these two issues will be published between 40 and 50 original papers of the largest practical worth, covering every phase of the diseases of the gastro-intestinal canal. Sample copies will be supplied readers of this journal.

THE IOWA STATE MEDICAL SOCIETY held its annual session May 20-22, at Des Moines, Iowa. The meeting was one of the best in its history under the presidency of Dr. W. L. Bierring. The attendance exceeded all previous records, nearly 500 registering. The new officers elected were: President, Dr. C. F. Wahrer, Fort Madison; vice-president, F. G. Murphy, Mason City; secretary, V. L. Treynor, Council Bluffs; Treasurer, W. B. Small, Waterloo.

BACTERIAL VACCINES AND TUBERCULIN.—The working bulletins which are being published by the H. K. Mulford Company on bacterial vaccines and tuberculin should reach and hold the attention of every one of our readers who aims to keep abreast with progressive medicine. The intelligent application of these newer forms of treatment necessitates the study of medical literature in this form, as the information cannot be elsewhere obtained in so full and detailed a form.

## SOCIETY PROCEEDINGS

### THE MISSOURI STATE ASSOCIATION FOR THE CONTROL AND PREVENTION OF TUBERCULOSIS.

The second annual meeting was held at Springfield, Mo., in Baldwin Theater, May 20th, 8:30 p.m.

The meeting was called to order by Dr. Geo. Homan, President. The president delivered an address upon "The Every Day Fight Against Consumption."

The report of the secretary was read, and on motion ordered filed.

The annual report of the treasurer was read and ordered filed.

Reports from local societies were called for. Dr. J. N. Chastian reported that Bates county had organized on May 11th.

Dr. W. S. Allee reported no active work had been done in his county, but that there is considerable interest and that organization would be effected later.

Dr. E. W. Schauffler, of Kansas City, made a short talk urging the co-operation and help of all in the work, and concluded with an appeal for funds for the State Association.

Dr. J. M. Allen, of Liberty, reported having made a talk before the North Western School Association and at Liberty, and that he had been invited to Kearney, Trenton and Gallatin.

Dr. Hill suggested that this Association appoint a collector in each county to endeavor to secure funds for the State work.

Dr. John D. Seba, of Gasconade county, made an appeal for more legislation to help control the disease.

Dr. Fenton B. Turck, of Chicago, by invitation of the chair, suggested that we endeavor to interest the ladies in the work.

Dr. Wm. Porter, of St. Louis, reported that in that city a great deal had been done by the women through their organizations.

The chair, by request, gave notice that a meeting of the delegates to the International Congress would be held at the Colonial Hotel on Thursday, May 21st, at 9 o'clock a.m.

A stereopticon lecture was delivered by the secretary.

R. J. NEWTON, Secretary.

#### SECRETARY'S REPORT.

This Association was organized in May, 1907, by the Committee on Tuberculosis of the Missouri State Medical Association, assisted by members of the St. Louis Society for the Relief and Prevention of Tuberculosis.

The first meeting of the Association was held on May 15th, 1907, in the House of Representatives, State Capitol Building, Jefferson City, Mo., following a meeting of the State Medical Association.

The purposes of the Association, as stated in Article III of the Articles of Association are:

Dissemination of knowledge concerning the cause, treatment and prevention of tuberculosis in Missouri.

Investigation of the prevalence of tuberculosis in the State and the collection and publishing of useful information. Securing of the proper legislation for the Relief and Prevention of Tuberculosis.

Co-operation with the public authorities (State and Local Boards of Health) the National Association for the Study and Prevention of Tuberculosis, medical societies and other organizations in approved measures adopted for the prevention of the disease.

Promotion of the organization and work of local societies in all parts of the State; encouragement of adequate provision for consumptives by the establishment of sanatoria, hospitals, dispensaries and otherwise.

In general to do all things and acts having as their object the relief of those afflicted with tuberculosis and the control and prevention of that disease throughout the entire State.

During the past year the following counties have been organized: Cape Girardeau county, Cole county, Gasconade county, Greene county, Howard county, Moniteau county, Ralls county, Jackson county.

Counting the St. Louis Society and the State Association there are now ten Anti-Tuberculosis Associations in Missouri. A year ago there was only one.

In all of these places meetings were held, addressed by lecturers sent out by the State Association. At most of these places the lecture was illustrated with stereopticon pictures. Meetings have also been held at the following places:

Fredericktown, Madison county;

Bonne Terre and Flat River, St. Francois county;

Mt. Vernon, St. Lawerence county;

Kearney, Clay county;

St. Joseph, Buchanan county.

At all of these places we hope to effect organization later.

*Traveling Tuberculosis Exhibit.*—We have been working to secure a Traveling Tuberculosis Exhibit to be shown in a railway car all over the State. This will enable us to reach thousands of people, at very small expense, with information about the disease and its prevention. An effort was made to secure funds from the State Board of Health for this purpose; while the Board was willing, the State Auditor felt compelled to refuse to honor their warrant.

An effort was made to interest the Shoe Manufacturers Association of St. Louis in this plan without success.

We have been working securing subscriptions to a fund of $1000 to pay for the expense of preparing such an exhibit and we have secured $225 of that amount. We will continue our efforts and hope to start the exhibit on the road this fall.

In the small places the people will be invited to come to the car; while in the larger places the exhibit will be moved to some church or hall. At every place stereopticon lectures will be given and literature distributed. In every place it will be shown under the auspices of the medical societies or the anti-tuberculosis societies.

The St. Louis Society has a small but very complete exhibit which has been studied by thousands of people during the past winter.

*Legislation.*—At the next session of the legislature measures for the prevention of tuberculosis will be introduced by this Association and the earnest support of all members is solicited.

*Financial.*—The total receipts of the Association to May 15th are $456.01, of this amount $393.26 has been disbursed, leaving a balance of $62.30, and our liabilities amount to about $500.00.

*Educational.*—Very little has been done in the way of circulating literature by the Association. We expected to be able to distribute the pamphlet to be published by the Missouri State Medical Association containing the papers read in Jefferson City in 1907. We have sent to all of the newspapers from time to time articles about the Association work about tuberculosis, many of which have been published in the papers throughout the State.

Requests have come to us from many places for copies of our by-laws and information as to our plan of organization.

We are corresponding with persons in nineteen counties preparatory to organization: Adair, Bates, Barton, Boone, Franklin, Daviess, Johnson, Laclede, Lafayette, Linn, Nodaway, Pettis, Platte, Schuyler, St. Clair, St. Louis, Saline, Scotland, Stoddard counties.

Our work has been difficult because it has been hampered by lack of funds. The Association was organized early in the summer, and we were unable to secure money in St. Louis because many of the people whom w wished to appeal to were out of the city, an later on in the fall the financial difficult

prevented us securing the necessary financial assistance.

*National Association.*—The fourth annual meeting of the National Association for the Study and Prevention of Tuberculosis will be held in Chicago, June 5th and 6th, at the Auditorium Hotel, and it is hoped that Missouri will be well represented.

*International Congress.*—A strong effort is being made to secure a large delegaton from Missouri to the International Congress which meets in Washington, D. C., September 21st to October 12th.

The Missouri Committe of the International Congress, of which Dr. W. E. Fischel is chairman, and Dr. Louis M. Warfield is secretary, is planning for Missouri's representation to the Congress.

R. J. NEWTON, Secretary.

ADDRESS OF THE PRESIDENT, GEORGE HOMAN M. D.: "THE EVERY DAY FIGHT ON CONSUMPTION."

The overthrow of consumption or tuberculosis as a disease that now endangers our entire population is a task in which almost every person past early childhood can have a share by voice or work, as by its nature this duty is an obligation resting upon all, and not solely on the medical profession or sanitary officials, as many are only too prone to profess or believe.

This sense of responsibiliy should everywhere be pressed on the attention of individuals with ceaseless insistence by those who are in any manner vested with special knowledge, influence or authority over others, and while the leaders in this particular movement would naturally be physicians still they should be closely followed by editors, clergymen, educators, parents and those active in clubs, associations and societies whose purposes are the social or sanitary betterment of their fellows.

Of all the fields of effort thus presented there is none more promising than that afforded by school pupils, even those in primary grades, and it may be safely said that, given the cordial co-operation of parents and teachers in every school in the land, therein would be found the promise and potency of the overthrow of consumption as a population scourge even within the allotted years of many grown persons now living; in fact with such conditions the span of a single generation should see the practical disappearance from among us of a plague that now claims not less than one victim in every seven of all deaths throughout the civilized world.

The fact that this stubborn enemy is now everywhere present attests our sanitary sinfulness in the past, and makes emphatic the need for sound organization and watchful work in every community, large and small, and well-prepared accordingly for whatever development the disease may show whether of home growth or importations from abroad.

And this situation demands a broad, alert outlook by those who are placed on guard—not less so than in the case of pestilences that spread more swiftly, as the bubonic plague, yellow fever, smallpox, etc.—for while a community may be free from known tuberculosis today a case may arrive tomorrow from a distant place and in a condition fully capable of broad-casting the disease in every family. Such an incident, however, does not justify acts that would brand such an arriving person as a public enemy, but rather for the good of all he should be treated in a kindly manner and simply taught to observe the measures which science imperatively lays down in order to guard against the spread of the disease; and, as is generally known, the main requirement is that the spittings and excretions of a person consumptively diseased shall be destroyed forthwith to insure safety to others from infection.

As there is no mystery in such a proposition the intelligence of the average school child can be appealed to with confidence to aid in preventive work, and the problem accordingly is reduced to the simplest possible form, which may be stated in this wise: Whereas, it has been shown in certain communities where, during the last ten years, the indicated measures of precaution have been fairly well observed that a real local decrease in the number of those sick of consumption, and of those dead of the same disease has been brought about, and which results were unknown before specific measures were employed—what, therefore, must be the reasonable explanation of such a showing, and what must be the lesson that such an experience teaches? Plainly this, that with an extension of such knowledge and work into every community the same results would follow with almost the certainty of mathematical demonstration.

That it is not a fool's paradise toward which we strive is proved by experience had with other diseases which were once as grievous afflictions to the human race as tuberculosis is now, namely, typhus fever, scurvy, leprosy, smallpox, and others that could be named. The one first mentioned scourged cities, camps, prisons, and ships with fearful virulence; scurvy paralyzed entire fleets and navies, while leprosy ravaged whole armies, but all of these have yielded to sanitary law and are now rarities even in the by-ways and dark places of civilization—a life-long medical experience very seldom affording op-

portunity to see a single case. One hundred years ago the fact that a person's face was not scarred by smallpox was used as a valuable mark of personal identification and mentioned in official descriptions, while today the opposite is the rule, the rare presence of such pitting is held as a means of identification, and is always made use of when it exists—and this momentous change has been effected through applied biologic law almost within the memory of some persons now living, and often in the face of fatuous or fanatical opposition.

In other widely spread diseases, too, noteworthy progress in their control has been made; indeed, everywhere scientific medicine is now confident in its knowledge respecting communicable maladies, and aggressive in its attitude toward them, and their complete conquest waits only on the provision of financial means adequate to the task indicated; but the degree and quality of our civilization, and the wisdom and fitness of human governments are well shown by the madness that would squander tens of millions of money in building battleships while begrudging a few thousands for the destruction of a disease that continually make war in the prime of life upon the bone and sinew of our population.

If as, before pointed out, the generations now in school should be systematically taught in the intelligent prevention of consumption what forecast could in reason be made with respect to the present tuberculosis problem? One thing is certain at any rate, and that is it would no longer be a problem, but merely a question that was being steadily and surely answered; for the rising generation, being wiser than we, will command in no uncertain tone that their legislative and official servants shall place among the most important functions and duties the voting of money in ample amount to prevent the cruel, needless waste of human life that is now everywhere being wrought by preventable diseases; for everything worth having must be worked for and paid for, and in no other field of effort can richer returns be reaped by such outlays than in waging the fight to a finish against tuberculosis.

With such public spirit and knowledge everywhere in evidence and action, backed by public funds to support the work, it is a safe prediction that within five years there would be a plainly visible reduction in the mortality and sickness rates from tuberculosis, and every succeeding five-year period would show rapid gains in betterment until at the end of a single human generation losses from this cause probably would figure to no greater extent in civilized communities than do those from the nearly extinct or vanishing plagues before mentioned, which were once such scourges and terrors to the human race.

This, then, is the appointed work to which we as a body and as individuals are committed—shall it succeed or fail? The first year's life of this Association has, it is true, not shown the growth that was hoped for, but wide-reaching causes affecting business and financial conditions have hampered and delayed our progress. Notwithstanding this the future is faced with confidence in the firm belief that seed sown in the past will yet spring up and the harvest show that such labors were not altogether in vain.

As for the work now at hand organization where it is now lacking must be urged, and all bodies spurred to renewed active effort, for it is an imperative duty that in every county in Missouri the candidates for seats in the General Assembly to be elected next November should be advised by their home people of what are the present needs in this warfare, so that they may proceed to their legislative labors with clear ideas as to the wishes and demands of their constituents, all to the end that the cough of the consumptive—the most distressing sound that can fall on human ears—shall no more be heard in the land; a victory of peaceful science, a mometous deliverance of the race, and a tribute to our better civilization that will stand unmatched for human progress and good by all the military wars of a century, and costing but the merest fraction of the enormous treasure that has been expended in bloody strife between armed nations.

In order to aid in such educational movements it has been the purpose of this Association to use exhibits showing in practical form the means and appliances employed in waging the war on tuberculosis, thus appealing to the mind through both eye and ear in the work of public instruction, which method wherever employed has been found most useful and effective. Some work of this kind has been done in a few localities, but by no means so widely as is desirable, a controlling wish of the officials of this body having been that a railroad car might be suitably equipped for such a demonstration, and sent out on a missionary tour of the State, those in charge giving lectures and exhibitions at every point where local assurance was given that a sufficient gathering of people could be had to hear and co-operate in such efforts. Although appeals have been made to individuals and firms for funds for this purpose, no sufficient amounts have been forthcoming as yet to justify the hope

that this invaluable aid to public teaching can be realized

In this connection it is a pleasure to acknowledge the favor and encouragement extended, by the State Board of Health, financial aid from which source being withheld only by reason of an administrative ruling against the expenditure of the board's funds in this manner—an extension of the purpose in mind being by such co-operation to provide for an adequate Missouri exhibit at the International Congress on Tuberculosis at Washington, D. C., next September.

In conclusion, sincere acknowledgement is made to the many who, in various ways, have helped onward this cause, the detail of which will be pressented by the secretary, Mr. R. J. Newton, whose intelligence and zeal amidst many difficulties have justified the highest commendation.

## MISSOURI STATE SANATORIUM.

Medical report of the Missouri State Sanatorium for Incipient Pulmonary Tuberculosis respectfully submitted, May 9, 1908 by the Physician-in-chief, to the Honorable Board of Managers:

TABLE I.—NUMBER OF APPLICANTS.

| | |
|---|---|
| Free patients | 74 |
| Private patients | 18 |
| Total | 92 |

TABLE II.—FREE PATIENT APPLICANTS.

| | |
|---|---|
| Number referred to examiners and accepted | 41 |
| Number referred to examiners and rejected as being past incipient | 15 |
| Number referred to examiners and rejected as being non-tubercular | 3 |
| Number referred to examiners and not heard from | 8 |
| Number yet to be referred to examiners. | 7 |
| Total | 74 |

TABLE IV.—PRESENT CONDITION OF PATIENTS.

| Patient's No. | Entrance | Discharge | General Condition | Weight Gained | Cough and Expectoration | Fever | Work | Lung Improvement |
|---|---|---|---|---|---|---|---|---|
| 1.... | 8-17-07 | ..... | Good | 8 | Gone | None | Full | Good |
| 2.... | 8-21-07 | 9-14-08 | Fair | 5 | Gone | None | Short Drives | Possibly |
| Discharged for insubordination. | | | | | | | | |
| 3.... | 8-31-07 | 9-27-07 | Poor | | | | | |
| Asthma and heart involvement made him an unfavorable case. Died within a few weeks after being taken home. | | | | | | | | |
| 4.... | 9- 9-07 | 2-16-08 | Satisfactory | 33 | Gone | None | Half time | Satisfactory |
| Reports indicate that she is doing well. | | | | | | | | |
| 5.... | 9-10-07 | 11-27-07 | Fair | 11 | Much improved | Slight | None | Good |
| Left on account of poor state of health of a sister. | | | | | | | | |
| 6.... | 9-15-07 | 11- 1-07 | Poor | 10 | Better | ½ degree | None | Slight |
| Went home on account of homesickness. | | | | | | | | |
| 7.... | 9-18-07 | ..... | Good | 24 | Much improved | None | Some | Good |
| 8 ... | 9-19-07 | ..... | Good | 27½ | Gone | None | Some | Fair |
| 9.... | 9-24-07 | ..... | Good | 18 | None | None | Some | Satisfactory |
| 10.... | 10- 1-07 | 12-21-07 | Good | 26 | Nearly gone | None | Walks | Satisfactory |
| Has been holding his own since going home. | | | | | | | | |
| 11.... | 10- 1-07 | ..... | Good | 17 | Greatly improved | None | Walks | Good |
| 12.... | 10-14-07 | ..... | Good | 47 | Greatly improved | None | Walks | Marked |
| 13.... | 10-19-07 | 1-13-08 | Death | .. | ..... | ..... | ..... | ..... |
| Death due to inflammation of the heart. | | | | | | | | |
| 14.... | 10-20-07 | 11- 4-07 | Fair | .. | ..... | ..... | ..... | ..... |
| Left on account of homesickness. He reports further improvement. | | | | | | | | |
| 15.... | 11 6-07 | ..... | Fair | 10 | Better | ½ degree | Very little | Marked |
| 16.... | 11-10-07 | ..... | Good | 15 | Nearly gone | None | Some | Fair |
| 17.... | 12- 8-07 | ..... | Good | 25 | Improved | None | Some | Good |
| 18.... | 12-14-07 | ..... | Good | 30 | Improved | None | Some | Marked |
| 19.... | 12-21-07 | 3-12-08 | Good | 17 | Nearly gone | None | Some | Satisfactory |
| Reports from his physician are that he is doing finely. | | | | | | | | |
| 20.... | 12-25-07 | 1- 3-08 | Death | .. | ..... | ..... | ..... | ..... |
| Death due to advanced tuberculosis. On arrival was too ill to be returned home. | | | | | | | | |
| 21.... | 1- 2-08 | ..... | Fair | 8 | Improved | None | Very little | Good |
| Had a severe attack of lobar pneumonia this winter. | | | | | | | | |
| 22.... | 1-10-08 | ..... | Poor | ... | ..... | 1½ degree | None | Some |
| 23.... | 2-19-08 | ..... | Good | 5 | Gone | None | Some | Good |
| 24.... | 3-17-08 | ..... | Good | 14 | Gone | None | Some | Good |
| 25.... | 3- 9-08 | ..... | Good | 6 | Gone | None | Walks | Good |
| 26.... | 3-12-08 | ..... | Poor | 10 | Better | ½ degree | None | Some |
| 27.... | 3-15-08 | ..... | Fair | 8 | Better | None | Very little | Fair |
| 28.... | 3-24-08 | ..... | Good | 6 | Gone | None | Very little | Good |
| 29..... | 3-24-08 | ..... | Good | 17 | Better | None | Some | Good |
| 30 ... | 4- 2-08 | ..... | Fair | 4 | None | 1 degree | Very little | Possibly |
| 31.... | 4- 2-08 | ..... | Fair | 8 | Some | 2 degrees | None | Not so well |
| 32.... | 4- 2-08 | ..... | Fair | 9 | Some | None | Very little | Possibly |
| 33.... | 4- 3-08 | ..... | Fair | 7 | Some | ½ degree | Very little | Possibly |
| 34.... | 4- 5-08 | ..... | Fair | 11 | Improved | 2 degrees | None | Possibly |
| 35.... | 4- 6-08 | ..... | Good | 10 | Gone | None | Very little | Possibly |
| 36.... | 4- 8-08 | ..... | Fair | 3 | Improved | ½ degree | None | Slight |
| 37.... | 4- 9-08 | ..... | Good | 3 | Improved | None | Very little | Possibly |
| 38.... | 4- 9-08 | 4-23-08 | Fair | ... | ..... | 2 degrees | None | ..... |
| Homesick for children, and very hysterical. Died from pneumonia after leaving here, it is reported. | | | | | | | | |
| 39.... | 4-10-08 | ..... | Poor | 2 | Better | 2 degrees | None | Some |
| 40.... | 4-13-08 | ..... | Good | 6 | Gone | None | Very little | Possibly |
| 41.... | 4-13-08 | ..... | Good | 10 | Nearly gone | None | Very little | Possibly |
| 42.... | 4-13-08 | ..... | Fair | 5 | Improved | None | Very little | Slight |
| 43 ... | 4-22-08 | ..... | Fair | 5 | Better | None | Very little | Slight |
| 44.... | 4-22-08 | ..... | Good | 8 | None | None | Very little | Possibly |
| 45.... | 4-23-08 | ..... | Poor | 3 | Improved | None | Very little | Slight |
| 46.... | 5- 2-08 | ..... | Good | 1 | Some | None | None | Possibly |

TABLE III.—PRIVATE PATIENT APPLICANTS.

| | |
|---|---|
| Number referred to examiners and accepted | 5 |
| Number referred to examiners and rejected | 7 |
| Number referred to examiners and not heard from | 2 |
| Number that changed to free patient list | 2 |
| Number yet to be referred to examiners. | 2 |
| Total | 18 |

From the above tables can be readily seen, the number of applications for admission that we have had, how these have been disposed of, and the number of patients that have been received at, and discharged from the Sanatorium during the period extending from August 17, 1907, the date of the submitting of this report. The tables are designed to show the result of the treatment in each case.

The tabulations are aimed to be intelligible to the layman rather than technically expressive to the physician.

Respectfully submitted,

O. H. Brown.
Physician-in-chief.

P. S. For the benefit of the reader and of the Sanatorium, I wish to add that the results which we have so far obtained, have been most gratifying, equalling if not surpassing the hopes of the most optimistic supporters of the Sanatorium. This is, too, in spite of numerous adverse circumstances—these are ever encountered in the launching of any new enterprise of any magnitude.

To the Board of Managers, J. D. Craig, of Galena, S. H. Minor, of Aurora, W. L. Gupton, of Montgomery City, Dr. Wm. Porter, of St. Louis, and Dr. J. L. Eaton, of Bismarck, belongs much credit. The writer wishes to take this opportunity to express his thanks to the members of the Board, especially to the medical members, Drs. Eaton and Porter, for much helpful counsel.

---

One Hundred Thousand Dollars for the Skin and Cancer Hospital.—The St. Louis Skin and Cancer Hospital is to receive the munificent gift of $100,000 in cash and site for new building. The institution and community are indebted to Mr. Geo. D. Barnard for this very material benefit. Mr. Barnard gives a lot on Forest Park boulevard near Newstead on which the new hospital is to be erected, in addition his gift includes sufficient money to make an up-to-date building a certainty. The gift is one of the largest ever received by any public charity of this city.

# MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

## SURGERY.

**Report of Nine Cases of Fracture of the Carpal Scaphoid.**—Leonard W. Ely, of New York, reports nine cases of fracture of the scaphoid and gives his conclusions as to the best method of treatment (Med. Rec., May 9). This injury is comparatively frequent and mistaken for sprain of the wrist, recovering without treatment. It is caused by a fall on the extended wrist. When accompanied by dislocation of the semilunar there is pain on extension of the fingers, especially the middle one. The prognosis is good, with immediate immobilization.

**Intestinal Tuberculosis.**—In fifty-six personal studies of the intestines of persons dead from pulmonary tuberculosis, following closely Maegell's method, J. C. Hemmeter, Baltimore (Jour. A. M. A., Feb. 29), found the intestines diseased in all. In 30 cases there was diffuse tuberculous enteritis or catarrh, showing unmistakable tubercles with giant cells. Among these were 4 with tuberculous mesenteric glands, 4 with tuberculous retroperitoneal glands, and in 6 simple entertis jejunitis, ileitis or colitis, not showing tuberculous lesions. In 14 cases tuberculous ulcers of the ileum and colon were found; 2 of these had cicatrics in the lower third of the ileum about ten inches from the iliocecal valve. In all there was more or less intestinal catarrh, not diffuse, but localized more in the lower ileum. One individual had been operated on for fistula in-ano. In 12 cases there was tuberculosis, either of the mesentric, omental or retroperitoneal glands. in 6 of these, the entire intestinal mucosa was intact; in the remaining 4 there was slight circumscribed catarrh, enteritis or colitis, but the histologic examination did not reveal the characteristic structure of tubercle in pieces excised for examination. The peritoneum was found to show minute tuberculous nodules in only two out of the whole fifty-six. The condition of chronic hyperplastic tuberculosis was met with but once by Hemmeter, in an autopsy at the Bay View Asylum, Baltimore. It corresponded very closely in macroscopic and microscopic appearances with Lartigau's description. Hemmeter thinks it highly probable that cases of cancer of the cecum that have been reported as cured after resection, were really this type of tuberculosis. Hemmeter describes at some length tuberculous intestinal tumor of the cecum and appendix, which may originate either from

the mucosa by auto-infection from swallowed sputa, or from the serosa by the extension of tubercular lymph glands. He views the literature of the condition, which is of comparatively recent recognition, and discusses the diagnosis. The accompanying pulmonary disease is frequently insignificant: it is rare to meet with this tumor in advanced pulmonary phthisis. In the diagnosis the possibility of cecal cancer, dislocated kidney, fibrinous appendicitis and scybalous accumulations must be considered. The generally younger age, slower progress, presence of pulmonary disease, occurrence of tubercle bacilli in the stools and the diabo reaction of the urine are mentioned among the principal points of difference from carcinoma. Dislocated kidney is more movable, gives a dull sound on precussion, is not accompanied by stenosis; a diseased kidney when affected with carcinoma, tuberculosis, gonorrhea or cacluli, gives rise to nephralgia, pyuria, hematuria, etc. The distinction from fibrinous appendicitis can often not be made except by observation of the course of the disease. Its prognosis is better and it is not necessarily associated with pulmonary disease. The prognosis is always grave, but Hemmeter says that there is no doubt that a number of patients have been cured by a cautious administration of tuberculin. He has personally studied the healing of a tuberculous rectal ulcer under this medication, but nevertheless he does not recommend this systemic employment of tuberculin in these and other cases of intestinal tuberculosis, since it has not yet been thoroughly tested and because of its occasional undesirable effects on other organs, which must be considered. Other remedies may relieve symptoms and cause temporary alleviation, but the only partial success in the way of treatment of tuberculous iliocecal tumor is to be expected from operation, wherever this is possible. In concluding his article, Hemmeter remarks on the demonstrated possibility of tuberculous infection of distant organs by way of the intestine and says that he has come to regard a peribronchial tuberculosis, without any severe lesion in the parenchyma, as an infection that has taken place through the intestinal walls. He recommends the use of dilute hydrochloric acid in tuberculosis to prevent the infection of the intestines.

**Diffuse Suppurative Peritonitis.**— Stuart McGuire, Richmond, Va. (Jour. A. M. A., March 8), thinks that the confusion in the classification of peritonitis is responsible for the condition existing ten years ago, when some surgeons were reporting numerous successful operations for general suppurative peritonitis while others had to confess to a mortality of 80 per cent or more. The term "general suppurative peritonitis," he says should be abandoned and "diffuse suppurative peritonitis" substituted for it in surgical nomenclature, as indicating those cases in which the infection is less virulent than in septic peritonitis, but more acute than in local suppurative peritonitis; and when there is time for pus to form, but not enough for Nature to wall it in by adhesions, and there is consequently pus free in the peritoneal cavity. He gives a sketch of the history of the development of the now generally accepted method of treatment, which was rationally deduced from scientific observations, and consists essentially of Fowler's position and Murphy's proctoclysis; hence, it may properly be called the Fowler-Murphy treatment. Its practical steps are as follows: Open the abdomen over the primary focus of infection and correct the trouble, so that the admission of more poison is prevented. Make a second short incision just above the pubes, and insert a large rubber drain to the bottom of the pelvis. The work should be rapid, with as little disturbance of the viscera as possible, and no attempt should be made to remove the pus by sponging or irrigation. Place the patient in bed in an exaggerated Fowler's position, and give saline solution by continuous low-pressure rectal irrigation; administer morphin, in small doses, for pain and sparteín, in large doses, as a general stimulant and prophylactic against urinary suppression. Give no purgatives but secure bowel movements by enemata. If there is much nausea and vomiting, irrigate the stomach thoroughly and withhold food until the stomach can retain and assimilate it. Since he has adopted this method, McGuire has seen a great reduction in his mortality. In his last 500 cases of appendectomy in his private hospital, there were 24 cases of diffuse suppurative peritonitis. The first six were treated by the old method of irrigation and multiple drainage, with five deaths. The last eighteen were treated by the Fowler-Murphy method, with but one death. McGuire objects to the semi-sitting position in these cases because: 1, it makes it difficult for the nurse to place the bed-pan properly; it is unnatural and subjects the patient to mental and physical strain; 3, he will slip down when relaxed by weakness or sleep, so that his body will bend at the costal arch and his abdomen will be parallel to the surface of the bed. For these reasons McGuire prefers raising the head of the bed, thus getting a uniform flat inclined surface, inclined at any angle, and the patient is completely relaxed and easily nursed. He illustrates two de-

vices: the "bed elevator" and the "bed seat," for securing the needed inclined position in these cases, and describes their advantages. They can be made cheaply by any carpenter.

**Anthracite Coal Ash as a Surgical Dressing.**—W. Irving Clark, Jr, Worcester, Mass. (Jour. A. M. A., March 14), recommends the use of anthracite coal ash as a surgical dressing in cases in which frequent changes of dressings are necessary, and in which the question of expense is of importance. It is readily obtainable, is neutral in reaction, and on careful analysis is found to contain no irritating substances. When freshly taken from the furnace it is aseptic, though not antiseptic. The only preparation required is sifting through a flour sieve; it can then be put on a piece of well-washed cloth, which is folded over it, making a poultice, which can be rapidly prepared and will be found soft, compact and absorbent. It is readily molded to any part, and, while not so quickly absorbent as gauze, it draws the pus better upin to the pad instead of spreading it over the skin as gauze frequently does. His conclusions are given as follows: 1. In cases in which gauze can not be obtained or the expense too great, ash pads form a good substitute. In freely discharging sinuses and suppurating wounds the discharge will be well taken care of. 3. When the discharge is thick and gummy, or when weight and bulk of dressing is contraindicated, they should not be used. 4. They are particularly applicable to discharging wounds of the axilla, popliteal space and palm of the hand, because they fit snugly and tend to splint the part. They are also well suited to varicose ulcers and discharging sinuses of the abodmen.

MORTALITY STATISTICS OF NEW YORK.—During the week ending April 25,1908, there were reported to the Department of Health of the City of New York, 1,536 deaths from all causes, as compared with 1,671 for the corresponding period in 1907. The annual death rate was 18.12 in 1,000 of population. Of the total number of deaths 801 were in Manhattan, 140 in the Bronx, 520 in Brooklyn, 57 in Queens, and 18 in Richmond. The pincipal causes of death were: Apoplexy,58; Bright's disease and nephritis,113; bronchitis, 32; cancer, 65; contagious diseases, 153; diarrheal diseases 44; diarrheal disease, under five years of age, 43; pneumonia, 262; organic heart diseases, 148; pulmonary tuberculosis, 180; tuberculosis, other than of the lungs, 34; typhoid fever,11; suicide, 24 homicide, 3; accients, 59. There were 119 still births.


# THE MEDICAL FORTNIGHTLY

**A Cosmopolitan Biweekly for the General Practitioner**

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.


Persistent, remittent fever after an acute infection of the knee joint is usually due to a systemic invasion. Such cases are best treated by laying the joint wide open (Mayo operation).—American Journal of Surgery.

OBITUARY.—Dr. Martin L. Adams, of Seattle, Washington, died at the Seattle General Hospital, Friday, May 1st, of septic poisoning (general infection) contracted from a patient while operating. He was born at Hot Springs, Arkansas, February 5th, 1852. He was graduated from the State University and Vanderbilt Medical College at Nashville, Tennessee. Later he took a post-graduate course at the latter. He was pension examiner during both Cleveland administrations, and had been assistant health officer of Seattle for several years. He was widely known in the Northwest, where he had resided for many years. He was a member of the King County and Washington State Medical societies.

# Glycozone

$(C_3H_6O_4 + C_3H_8O_3)$

**ABSOLUTELY HARMLESS.**

Indorsed and Successfully used by leading Physicians in the treatment of

## DYSPEPSIA, GASTRITIS, GASTRIC ULCER and CONTAGIOUS DISEASES of the STOMACH and INTESTINES.

In order to prove the efficiency of GLYCOZONE, I will send a **$1.00 bottle free** to Physicians accompanying their request with 25c. to pay forwarding charges.

A copy of the 18th edition of my book of 340 pages, on the "Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs," containing reprints of 210 unsolicited clinical reports, by leading contributors to Medical Literature, will be mailed free of charge to Physicians mentioning this Journal.

Prepared only by

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)

**57-59 Prince Street, NEW YORK.**

**Look well to your prescriptions—a careless or dishonest pharmacist may ruin your reputation.**

# MEATOX

GRANULATED DRY BEEF FIBER

Contains from 74 to 82% of digestible Protein

**Medico-Chirurgical College of Philadelphia**

DEPARTMENT OF PHARMACY

DEAN'S OFFICE

I. V. STANLEY STANISLAUS, Ph.g., B.Sc.Phar.D., Dean

**ANALYSIS OF MEATOX**

| | |
|---|---|
| Moisture | 4.80 |
| Celery Flavoring (residue from alcohol extract) | 2.21 |
| Sodium Chlorid | 4.56 |
| Proteid Matter | 73.54 |
| Insoluble Matter | 9.43 |
| Total | 94.54 |
| Ash | 4.96 |
| | 99.50 |
| Loss | .50 |

MEATOX has practically five times the meat value as a food, and as such will command the attention of every physiologist and hygienist interested in food products.

I. V. S. STANISLAUS, Analyst.

CHEMICAL LABORATORY

**H. ENDEMANN, PH. D.**

23 William St., New York, October 16, 1907.

**ANALYSIS OF MEATOX**

Contains in 100 parts by weight:

| | |
|---|---|
| Nitrogenous matter soluble in water calculated as Albumen | 12.02 |
| Fibrin, digestible | 70.34 |
| " indigestible | .90 |
| Extractive matter free from Nitrogen | 2.18 |
| Fat | 7.00 |
| Meat Phosphates | .26 |
| Chlorid of Sodium | .94 |
| Water, hygroscopic | 6.34 |

From the large quantity of soluble Albumens and digestible Fibrin it is evident that this preparation in connection with the fat therein furnishes an excellent nutritive, easy of digestion.

H. ENDEMANN.

**A sample with literature will be mailed free to Doctors mentioning this Journal.**

Charles Marchand

PREPARED ONLY BY

*Chemist and Graduate of the Ecole Centrale des Arts et Manufactures de Paris (France).*

**When you cannot procure Meatox from your druggist, send money order to THE MEATOX CO., and shipment will be made by express, charges prepaid.**

**SOLD BY LEADING DRUGGISTS. PRICE PER POUND $2.00, HALF POUND $1.25.**

## THE MEATOX COMPANY

**70th Street and Neptune Avenue, Borough of Brooklyn, C. I., NEW YORK.**

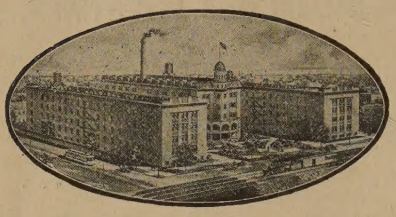
*Please mention this publication.*

# MEDICAL MEMORANDA.

**Notice.**—Any graduate who wishes to practice medicine can hear of a good location by addressing P. O. Box 83, Ste. Genevive, Mo.

**Your Summer Vacation.** Many delegates to the American Medical Association, at Chicago, will as usual, make this event the prelude to their annual outing, and will seek some congenial spot on the seashore soon after the adjournment of the meeting, or perhaps will spend a few weeks in New York City, at the clinics. But speaking of the seashore, we cannot imagine any more delightful place to spend the month than Atlantic City, with its beautiful bathing beach, its famous board-walk, and alluring scenes of activity which Atlantic City alone possesses; and hotels—well here you find them, suited to every demand of palate and purse. In our experience, covering a period of years, and six visits to Atlantic City, we have found just three hotels which suited every fancy, satisfied every craving of appetite, and fulfilled every demand for comfort. These are the "Ostend," quiet, elegant, aristocratic; the "Grand Atlantic," central, comfortable and pleasant; and the "Chalfonte," which is a favorite family resort. Our readers will consult their own best interests by looking over the list of hotels and resorts, in this issue before making arrangements for their summer trip.

**New Laboratory Completed.**—"No dope for quackery made here." "Nothing succeeds like success." Another milestone in the progress of The Abbott Alkaloidal Company is marked by the completion of their new laboratory shown to the left in the picture above. This is the finest building of its kind in the country for supplying the needs of the doctor. It is absolutely fireproof, reenforced-concrete construction, with every modern improvement and up-to-date equipment. The central building, to be used for executive offices, will be completed next year. We suggest that our readers send to The Abbott Alkaloidal Company, Chicago Ill., for their new therapeutic price list, which is now ready for distribution. There is much of interest and value in this list for every progressive physician.



**Peritonitis—Salpingitis.**—(Albert F. Conrey, M. D., Baltimore, Md.)—The following accounts are taken from histories kept by me while superintendent of the hospital for women in Baltimore, during the years 1901 and 1902. It will be seen that glyco-thymoline has played an important part in the role of conservative gynecology, for which this institution has a reputation throughout the south. Mrs. D., admitted to hospital Nov 21, 1901. Patient who was about three months pregnant, had attempted to perform an abortion by passing a bougie into the uterus about five days previous. On admission patient had recurring chills with a temperature of 104 and the fetus had not been expelled. An anesthetic was administered, the fetus and placenta removed and the uterus curetted. The following day the chills and fever returned together with severe pelvic pains and a nasty uterine discharge. The symptoms were shortly followed by vomiting and a well marked case of pelvic peritonitis. The cul-de-sac was loaded with pus and bulged far into the vagina. Treatment: The cul-de-sac was opened by a broad incision and an immense quantity of pus allowed to escape. Both Fallopian tubes which were distorted and full of pus, were gently pulled to the opening and incised, thus allowing the free escape of their contents. Into each incision thus made a drain of 50 per cent glyco-thymoline gauze was gently inserted and the whole pelvic cavity packed with gauze of the same strength, one end of which was allowed to extend into the vagina. Within five days these dressings were removed and renewed and finally removed absolutely in three days. This patient was normal from the second day, the dressings on being removed being perfectly sterile save for the presence of the colon bacillus. Case 2.—Broad ligament abscess as a result of a broad ligament hematocele, which had sprung from a ruptured ectopic gestation. Patient admitted Jan. 4th with the following history given by her family physician. Frequent rigors and violent fluctuations in temperature, severe attacks of pain in pelvic region. On christmas day the patient had been taken with a sudden attack of "colic," was put to bed and morphine given in heroic doses for the pain. There was a history of probable pregnancy. Upon examination the uterus was found much displaced upward and to the right side. Extending from the side of the uterus to the lateral pelvic wall was a dense fluctuating mass fixed to the uterus upon which a diagnosis of broad ligament abscess was made. Treatment: The abscess being such a large one, it was thought not advisable to make the incision as usual in these cases from the side of the cervix, so a larger incision was made in the posterior cul-de-sac and the pus sought by means of the finger only. The cavity was not irrigated but was packed and drained with large quantities of glyco-thymoline gauze 50 per cent which was renewed every other day while the discharge lasted. The cavity closed very rapidly.